

Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Wagner, Thomas (2019) Psychoanalysis and male homosexuality. Masters thesis, Middlesex University. [Thesis]

Final accepted version (with author's formatting)

This version is available at: <https://eprints.mdx.ac.uk/29896/>

Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

Psychoanalysis and Male Homosexuality

Thomas Wagner

M00399511



MSc by Research (Psychoanalysis)

Centre for Psychoanalysis

Psychology Department

Middlesex University

London

A thesis submitted to Middlesex University in partial fulfillment of the requirements for the degree of MSc by Research.

Submission Date:

October 2019

ABSTRACT

This thesis explores the status of homosexuality, within the history of psychoanalysis, and the effects of that status in the development of contemporary talking therapies.

Focusing on homosexuality in men, the research in this study examines Freud's theories and concepts, as the foundation of this thesis. This paper is divided into four chapters. The first chapter is a reading of Freud and his psychogenesis of homosexuality. The second chapter is an analysis of three American analysts, who interpreted Freud's theory of the Oedipus complex in a very particular way to make it fit for their purpose. According to these analysts homosexuality, in their view, is an illness in need of a cure. Their aim is to convert homosexuality into heterosexuality by conducting analysis on their homosexual analysands. Throughout this chapter I will be reinterpreting a case study of reparative therapy. The third chapter is a critical analysis of Richard Isay's radical views of homosexuality. Chapter three will also introduce gay affirmative therapy; a therapy, which is aimed to help one come to terms with their homosexuality. In the fourth chapter I will critically analyse and compare a case study of reparative and gay affirmative therapy. My intentions of analysing these two case studies are to illustrate that: while they differ in their analytic approach, they share some similarities. The purpose of analysing these two therapies is that many homosexuals today undergo reparative or gay affirmative therapy.

Freud's conclusion, that homosexuality or heterosexuality is an outcome of the Oedipus complex, will play an important role in the discussion of reparative and gay affirmative therapy. His perceptions of how psychoanalysis should be conducted throughout analysis will also emphasis how far reparative and gay affirmative therapies have developed since from classical Freudian psychoanalysis.

ACKNOWLEDGEMENT

I want to express my appreciation to Dr. Anne Worthington for her consistent academic support and guidance throughout my thesis. One simply could not wish for a better and friendlier supervisor.

I want to give my gratefulness to my best friend Shivali Singh and my sister Deborah Kamalach, who have the greatest qualities and a good sense of humour one can wish to find in a person.

Finally, I take this opportunity to express my thankfulness from my deep heart to my beloved husband Patrick Wagner for his love and continuous support throughout all my studies at University.

Table of Contents

ABSTRACT.....	I
ACKNOWLEDGEMENT	II
INTRODUCTION	1
OUTLINE OF THE CHAPTERS	4
CHAPTER ONE: FREUD’S PSYCHOGENISES OF HOMOSEXUALITY	8
INTRODUCTION	9
FREUD’S THREE ESSAYS ON THE THEORY OF SEXUALITY	10
FREUD’S LEONARDO	13
THE OEDIPUS COMPLEX / KENNETH LEWES	18
FREUD’S PSYCHOGENESIS OF HOMOSEXUALITY IN THE 1930s	22
CONCLUSION	24
CHAPTER TWO: USING REPERATIVE THERAPY TO TREAT HOMOSEXUALITY	27
INTRODUCTION	28
FROM FREUD TO REPARATION	30
SANDOR RADO	32
IRVING BIEBER	35
SOCARIDES	37
SOCARIDES’ CRUSADE	39
NARTH	41
CONCLUSION	45
CHAPTER THREE: USING A GAY AFFIRMATIVE APPROACH TO HELP HOMOSEXUALS FIND SELF-ACCEPTANCE	48
INTRODUCTION	49
ISAY’S SELF-ANALYSIS	51
ISAY’S VIEW ON ‘THE PSYCHOGENESIS OF HOMOSEXUALITY’	57
GAY AFFIRMATIVE THERAPY	59
CONCLUSION	63
CHAPTER FOUR: A CRITICAL ANALYSIS IN REPARATIVE THERAPY AND GAY AFFIRMATIVE THERAPY	66
INTRODUCTION	67
A CRITICAL ANALYSIS OF REPARATIVE THERAPY AND GAY AFFIRMATIVE THERAPY	69
THE CASE STUDY OF “CHARLIE” (CHARLES) – THE SEARCH OF THE MASCULINE SELF (REPARATIVE THERAPY)	72
THE CASE STUDY OF PAUL (GAY AFFIRMATIVE THERAPY)	78
CONCLUSION	82
CONCLUSION	85
BIBLIOGRAPHY	89

INTRODUCTION

This thesis investigates the status of homosexuality, within the history of psychoanalysis, and the effects of that status in the development of contemporary talking therapies.

Considering homosexuality as pathological and curable, or labelling it to be of feminine nature, are fundamental aspects of how many scholars have viewed homosexuality during the nineteenth and twentieth century. From 1885 homosexuality was also considered to be a criminal offence in the UK, as '*the Criminal Law Amendment Act of 1885 made all forms of male homosexuality illegal [...]*.' (Weeks, 2000, p. 166) Many debates took place within the 20th century, which strengthened the position of homosexuals within society. Weeks described these turn of events, as the result of '*the emergence of strong and vibrant lesbian and gay identities, which have challenged the heterosexual norm [...]*.' (Ibid.)

The study of sexuality has its origins in the late nineteenth and early twentieth century. The debate about sexuality took place in many different professional disciplines, especially in medicine, history and psychoanalysis. Laplanche & Pontalis (1973, p. 418) describe sexuality as a complex topic, in which sexuality

‘does not mean only the activities and pleasure which depend on the functioning of the genital apparatus: it also embraces a whole range of excitations and activities which may be observed from infancy onwards and which procure a pleasure that cannot be adequately explained in terms of the satisfaction of the basic psychological need’.

Freud, the founder of psychoanalysis, realised that sexuality is not fixed and situates homosexuality and heterosexuality within his theory of infantile sexuality in 1905. In 1924 Freud's theory of the *Oedipus complex* gives us more insight about making a homosexual or heterosexual object choice, which proposes a theory of sexual differences and emphasises the inherent instability of sexed subjectivity. Thus, it makes sense to examine the link between homosexuality and psychoanalysis. Today's talking therapies, which will be discussed in this thesis, evidence that they are still influenced by Freud's theory of the Oedipus complex. Furthermore, recent political events evidence that

homosexuality is still a relevant topic, not only in societal, but also in psychoanalytic terms. In 2014, a law was passed in the UK, which permits couples of the same sex to legally get married. In 2018 the ban of conversion/reparative therapy in the UK will evidence not only the unethical side of conversion/reparative therapy, but also a deviation of psychoanalysis itself.

Throughout my thesis I will discuss the scholars who: regard homosexuality as an illness in need of a cure, those who perceived homosexuality as criminal and those who argue that homosexuals have characteristics of feminine nature. The source of my argument lays in Freud's (1905) investigation into the nature of human suffering, where he questioned the normality of heterosexuality. Already by 1924, he positioned homosexuality as the centre of its foundation, known as the Oedipus complex. Many scholars throughout this paper took Freud's ideas and interpreted this in a very particular way, especially his theory of the Oedipus complex. This paper intends to explore three American analysts, who interpreted Freud's theory of the Oedipus complex to fit their purpose. The two talking therapies, which will be discussed in this thesis, are reparative and gay affirmative therapy. The reason for analysing these two therapies is that many homosexuals today undergo reparative therapy or gay affirmative therapy. My aim is to demonstrate that, although ostensibly they are different in their attitude towards their homosexual patients, in their aim and conceptualisation of health, they are the same, so as they have premeditated aims of outcome.

The reason for this argument is that in both therapies the analyst has idealised goals of treatments. However, not only the predestined goal of analysis is damaging the analytic hour, but also the techniques used throughout analysis. Firstly, for reparative therapists homosexuality is considered to be a treatable condition with the sole outcome of heterosexuality. In reality what this paper will bring to light is that reparative therapists are counter-intuitive. Secondly, gay affirmative therapists regard homosexuality not only as a normal part of ones' sexuality, but also the only outcome of analysis. Freud's theory of the

Oedipus complex is an important aspect in the discussion of homosexuality of reparative and gay affirmative therapists.

Outline of the chapters

This thesis has been divided into four chapters, which not only allows one to understand early knowledge about homosexuality in psychoanalysis, but also its development within a historical context. The four chapters are as follows: 1.) *"Freud's psychogenesis of homosexuality"* 2.) *"Using reparative therapy to treat homosexuality"* 3.) *"Using a gay affirmative approach to help homosexuals find self-acceptance"* 4.) *"A critical analysis in reparative therapy and gay affirmative therapy"*.

The first chapter is a reading of Freud, which investigates his thinking on the topic and seeks to identify the roots of today's talking therapies. Arguably, all developments within psychoanalysis stem from Freud. As early as 1905, Freud questioned the prevailing attitudes of his time with regard to sex and object choice, situating homosexuality on a continuum of "the normal". By 1924 and the elaboration of the complete theory of the Oedipus complex, homosexuality is but one possible outcome. Nevertheless, Freud's writings have been interpreted variously – often in the service of ideologies that are antithetical to Freud's radical project. Additionally, the chapter is sub-divided into four sections. Freud's theories of homosexuality were conveyed in several different writings. His most important papers of homosexuality, which are discussed in this thesis, are Freud's writing in *"Three essays on the theory of sexuality"* in 1905, his piece on *"Leonardo Da Vinci and a memory of his childhood"* in 1910 and his essay on *"The dissolution of the Oedipus complex"* in 1924. Finally, the last section of chapter one will focus on Freud's contribution on the topic of homosexuality in the 1930s.

In his *"Three essays on the theory of sexuality"* (1905) Freud situates his understanding of sexuality in his theory of 'infantile sexuality'. Additionally, in 1905, Freud's discovery of 'castration anxiety' was significant and an important contribution in the development of his Oedipus complex theory of 1924.

Moreover, Freud's discovery of 'object choice' in his three essays, later on helped him to develop his theory of the Oedipus complex in 1924. In this theory Freud proposed that making an adequate object choice is dependent on the individual's identification with one's parents. Thus, resulting in homosexual or heterosexual object choice as an outcome of the Oedipus complex.

Psychiatrists' of the nineteenth and twentieth century regard homosexuality as a pathological condition, as well as stating this to be found in people with low intelligence (Oosterhuis, 2012, pp. 133,155). Contrastingly, Freud's essay on Da Vinci challenged this view through his analysis of Da Vinci's homosexuality. Freud's analysis evidenced that Da Vinci was not suffering from an illness, but a neurosis. A neurosis for Freud was poorly resolved unconscious emotional conflicts, which lead to psychological defence mechanisms, protecting one from consciously experiencing those conflicts. However, regardless of him being neurotic or not, his homosexuality clearly demonstrated that he was not suffering from an illness. Furthermore, Da Vinci's high intellect and talent proved that homosexuality could not only be found in people with little intelligence, as argued by the analysts of the late 19th century.

In the second chapter, through an exploration of the three major contributions from the 1940s, '50s and '60s, through a reparative approach to male homosexuality, I examine three particular American analysts. They dedicated a major part of their clinical work to finding a cure for homosexuality, as in their opinion homosexuality was seen as an illness.

The discussion took place during and after the post war era, at a time when homosexuality became more observable. The American analysts, independently from one another, carried out studies in the hopes of converting homosexuals to heterosexuals. They situate their ideas and views on Freudian theories, yet they read Freud in a very particular way to make it of use for their purpose. The reason for choosing these American analysts in the discussion of reparative therapy was the fact that their analysis of homosexuality as an illness helped developing reparative therapy. Moreover, they used Freud's theories and views on homosexuality by re-interpreting Freudian theories to rationalise their argument that homosexuality can be cured. Starting with Rado, to Bieber and

then Socarides, I have tried to highlight how the idea of curing homosexuality came about and how reparative therapy was developed and introduced to homosexuals, who considered changing their homosexuality to heterosexuality. Significantly, chapter two critically assesses the conception of reparative therapy.

Chapter three is an analysis of Richard Isay's radical view of homosexuality. Throughout this chapter, I will demonstrate Isay's own struggle with his homosexuality, as well as his decision to undergo analysis with the aim of converting his homosexuality to heterosexuality, which has helped him to be a better analyst. In his account of his analysis, Isay describes that the analytic hour with his analyst was characterised by a heteronormative view, which saw heterosexuality as the social norm and thus the only acceptable outcome of analysis. His negative experience with his own analysts helped him to be a better analyst for his own analysands. Isay was one of the first psychoanalysts who publicly admitted his homosexuality. While those who consider homosexuality as an illness in need of a cure, Isay's perception of homosexuality was that of helping his analysands to find self-acceptance towards their homosexuality. Moreover, his work on homosexuality inspired other scholars to follow his lead. Within this chapter I will also introduce one to the onsets of gay affirmative therapy, which will be an important point within the discussion of chapter four.

The fourth chapter will critically examine two case studies. The first case study, which will be analysed, was conducted in a reparative setting and carried out by Nicolosi. The second case study, which will be analysed, was conducted in a gay affirmative setting and carried out by Isay. The aim of analysing both case studies is to demonstrate that both therapies are the same. Both case studies reveal that the analyst has a specific outcome of analysis. In the case of reparative therapy, the analyst's outcome of analysis is expected to be heterosexuality, which is heavily influenced by the analysts' heteronormative view. According to Nicolosi, homosexual men have qualities, which are usually found in females and which need to be repaired by overwhelming the analysand through masculinity. Moreover, I will demonstrate that reparative therapy is characterised by the analysts' heteronormative view, but also how masculinity is

put at the centre of analysis as a treatment approach, in order to convert one's homosexuality to heterosexuality. In the case of gay affirmative therapy, the analyst's outcome of analysis is to encourage their analysands to accept their homosexuality as a normal part of their sexuality. Both analysts agree that the reason for homosexuality can be found within one's own family setting. The analyst of the case study of gay affirmative therapy seems to agree with Freud's notion of the 'Oedipus complex'. Whereas, the analyst of the reparative therapy deviates from Freud's theory, by claiming that the result of homosexuality is caused by the actual absence or presence of the father. However, this presents a sociological explanation, which is clearly a deviation of Freud, as well as a deviation of psychoanalysis.

Beginning with Freud, the following chapters will investigate the different views and perceptions of homosexuality. A perception that was described by Freud as an outcome of the Oedipus complex, an outcome that is possible just like heterosexuality is and a perception that disregarded a pathological view. Yet, we have those who ignored Freud's psychoanalytic school and interpreted his theories in a way, which supported their radical views, of a homosexuality in need of a cure. While I aim to prove that the scholars on the side of reparative therapy work in a similar way, as the one's on the side of gay affirmative therapy, I also intend to demonstrate that both therapies, in fact depart from classical Freudian psychoanalysis.

CHAPTER ONE: FREUD'S PSYCHOGENISES OF HOMOSEXUALITY

Introduction

The first chapter is an analysis of Freud's psychogenesis of homosexuality. His ideas about homosexuality were expressed in many writings throughout his career. The three texts I have chosen to analyse are: Freud's paper from 1905 on the "*Three Essays on the Theory of Sexuality*", his essay from 1910 entitled "*Leonardo da Vinci and a Memory of His Childhood*", and his essay from 1924 on "*The Dissolution of the Oedipus Complex*".

In 1905, Freud emphasised that degeneracy could not be linked to homosexuality. He evidenced his disagreement through his clinical work. His argument is that homosexuality can be found in people whose efficiency is unimpaired, which challenges a view of degeneracy. Many scholars, such as Richard von Krafft-Ebing and Albert Moll, were convinced that homosexuality, rather than being degenerate, is in fact a perversion (Krafft-Ebing, 1886, pp.21-32). However, what they meant was that all-sexual activities, which are not aimed at procreation are perverse. Freud in fact agreed with this idea and explains his view of perversion in his notion of infantile sexuality, in which he argues that all children are polymorphously perverse. For Freud, it was important to emphasise that the meaning of perversity in "polymorphous perversity" means that all children receive pleasure from any part of their body. This leads to the satisfaction of the libido as a result. Freud's polymorphous perversion refers to the fact that pleasure can be obtained by many different parts of the body. Children will enjoy not only masturbation, but also sucking, stroking, or the holding back and discharge of their faeces (Freud, 1905, p.49).

The reason for discussing Freud's paper on Da Vinci is to challenge a prevalent idea that associated homosexuality with low intelligence and thus degeneracy, as argued by the analysts of the 1880s, which will be highlighted later on. In Freud's essay of 1910, Freud examined Da Vinci's own texts to argue that he was homosexual. Many aspects of Da Vinci's life gave Freud an indication of his homosexuality. For example, Freud's discovery that Da Vinci did not engage in '*...an intimate spiritual relation with a woman.*' (Freud, 1910, p. 16) Yet, his most controversial evidence put forward was Da Vinci's "vulture phantasy", which

suggests that unconsciously Da Vinci seeks to engage in activities of homosexual nature (ibid., p. 38).

Freud's essay on the theory of the Oedipus complex was his most influential and valuable work, which helped him to disregard the notion of degeneracy when talking about homosexuality. Freud argued that homosexuality or heterosexuality is a development dependent on how one is responding to the Oedipus complex. According to Lewes (1988, p.88), Freud offered two possible outcomes of the Oedipus complex, which suggested that the boy *'could put himself in his father's place in a masculine fashion and have intercourse with the mother as the father did ...'* (Freud, 1924, pp. 174-175), which, furthermore, implied a heterosexual object choice. A homosexual object choice in boys is described as "the destruction of the Oedipus complex" in which the boy *'...might want to take the place of his mother and be loved by the father [...].'* (Ibid.) According to Lewes Freud acknowledged a simplified version of the Oedipus complex by suggesting two outcomes, a homosexual and heterosexual one. Lewes, on the other hand, draws our attention to a more complicated Oedipus complex by suggesting twelve outcomes.

This chapter is divided into four sections. The first section is focused on Freud's "Three essays on the theory of sexuality". The second part focuses on Freud's essay on "Leonardo Da Vinci and a memory of his childhood". The third part focuses on Freud's essay on "The theory of the Oedipus complex" and the last section is an analysis of Freud's work in the 1930s.

Freud's Three Essays on the Theory of Sexuality

The nature of homosexuality in early psychiatry was considered as a hereditary degeneration. This view was supported by German and French psychiatrists', such as Wilhelm Griesinger, Carl von Westphal, and Paul Moreau de Tours in the 1880s (Oosterhuis, 2012, pp. 133.155). Richard von Krafft-Ebing and Albert Moll on the other hand were distinguished psychiatrists in the late 19th and early 20th century who took the view that homosexuality was the result of a perversion. But they claim that homosexuality can only be considered in the sense that the nature of homosexuality is not aimed at procreation and thus needs to be

regarded as perverse. Both argued that the perception of homosexuality was described as

‘[...] a shift from a psychiatric perspective in which deviant sexuality was explained as a derived, episodic and more or less singular symptom of a more fundamental mental disorder, to a consideration of perversion as an integral part of a more general, autonomous and continuous sexual instinct’. (Krafft-Ebing, 1886, p.21-32)

Freud agreed with Krafft-Ebing’s and Moll’s theory, which is that homosexuality, is not a degeneracy and that according to him *‘it has become the fashion to regard any symptom which is not obviously due to trauma or infection as a sign of degeneracy [...]’* (Freud, 1905, p. 138) Moreover, Freud argues that homosexuality cannot only be found in people who are suffering from impairment, but also be *‘found in people whose efficiency is unimpaired, and who are indeed distinguished by specially high intellectual development and ethical culture.’* (Ibid.)

In 1910, Freud’s analysis of Leonardo da Vinci was that he was an obsessional neurotic, who also according to Freud was homosexual. However, for Freud the psychogenesis of neurosis was not due to degeneracy.

Freud also identified that the discovery of the erotogenic zones in early childhood led him to the logical conclusion that children have a polymorphous perverse disposition (Ibid., p.109). An important aspect on the meaning of perversity in “polymorphous perversity” is that for Freud perversion here is used to describe that different drives of the body pushing for satisfaction. The breast, for instance, is the first object of satisfaction. Later on the meaning of perversion in adults changes for Freud. Freud puts this as

‘the normal sexual aim is regarded as being the union of the genitals in the act known as copulation, which leads to a release of the sexual tension and a temporary extinction of the sexual instinct – a satisfaction analogous to the sating of hunger.’ (Ibid., p.149)

So, it could be argued that for Freud all activities that are not aimed at reproduction, such as kissing for example, are considered to be perverse. According to Freud all children are considered to become polymorphous perverse. He describes this as a normal part of a child’s sexual development (Ibid., p.57). His explanation of polymorphous perversity in children is to be

found in his discovery of autoerotism, in which he claims that children '*obtain satisfaction from the subject's own body.*' (Ibid., p. 47) The obtaining of satisfaction or the experience of sexual pleasure can be found by turning to various body parts, such as thumb sucking, the itching of the anus as well as the holding back of their faeces (Ibid., p. 49). It could be argued that a child who sucks their thumb is in search of satisfying a pleasure experienced earlier in infancy. This pleasure was considered to be the sucking of the mother's breast for nourishment (Ibid.). However, parents eventually educate their children, resulting in a child repressing any kind of sexual pleasure to be carried out.

Dany Nobus' analysis of Freud's conceptualisation of polymorphous perversity came to the conclusion that

'with the notion of a constitutional polymorphous perversity that presides over the sexual disposition of every human being, Freud would not seem to need a concept of sexual normality in order to describe and explain perversion.' (Nobus, 2006, p. 9)

If we accept Freud's point of view on perversion, it could be assumed that for him normality was a deviation of perversion and not the other way round. Yet, his understanding of normality could only be brought in conjunction with the aim of reproduction. Freud's understanding of normality, as being a deviation of perversion, challenges a heteronormative view, as we know it today. In fact, it could be argued that '*the pervert, rather than becoming one, has always been one and simply stayed that way.*' (Ibid.) Freud's analysis of normality and labelling it as an outcome of perversion, rather than perversion being an outcome of normality, helped the psychoanalytic world to rethink the notion of homosexuality as being sick and abnormal.

Freud also claimed that sexual object choice is not stable and wrote that

'in my Three Essays on the Theory of Sexuality I have expressed the opinion that each stage in the development of psychosexuality affords a possibility of fixation and thus a dispositional point. People who have not freed themselves completely from the stage of narcissism...have at that point a fixation, which may operate as a disposition to a later illness.' (Freud, 1911, p. 224-225)

This suggests that in this writing of Freud homosexuality is considered to be a narcissistic object choice. As we will see in later chapters reparative therapists

get their idea of linking homosexuality to psychoses, as well as an illness from this notion, which has its roots in very early infantile sexuality. Freud moreover suggested that

‘we have not concluded that human beings are divided into two sharply differentiated groups, according as their object choice forms to Anacritic or narcissistic type, we assume rather that both kinds of object choice are open to the individual, though they may show a preference for one or the other.’ (Freud, 1914, p. 88)

We could interpret Freud as meaning that it is not easy to make an adequate object choice, be it anacritic or narcissistic, as all sorts of things can happen, which hinder an individual to master all stages of psychosexual development.

Freud's Leonardo

Freud's analysis of Da Vinci as a homosexual influenced other scholars to reject the notion of degeneracy. According to Richard von Krafft-Ebing, many other scholars such as Wilhelm Griesinger, Carl von Westphal, and Paul Moreau de Tours had suggested that homosexuality, was found in people who showed inhibitions in their mental state, as well as in people of low intelligence (Krafft-Ebing, 1886, p. 128). Therefore, classifying Leonardo da Vinci, a highly educated and talented person, as homosexual helped individuals to challenge the predominant views of the day of homosexuality and most certainly supported the process of viewing homosexuality not as degeneracy. Writing after Da Vinci's death, Freud looked at material from a book called *Codex Atlanticus* (Da Vinci, 1894), which is a bound set of drawings and writings created by Da Vinci, as a basis of his analysis of Da Vinci and his elaboration of his views on homosexuality. Freud's first assumption of Da Vinci being a homosexual was based on the uncertainty whether Da Vinci had ever been with a woman or not; *'It is doubtful whether Leonardo ever embraced a woman in love, nor is it known that he ever entertained an intimate spiritual relation with a woman.'* (Freud, 1910, p.16) In fact, it could be argued that just because a man did not sleep with a woman, it does not suggest that he is a homosexual. Especially as Freud himself argued, five years before, that everyone has made a homosexual object-choice in his or her unconscious (Freud, 1905, p. 47). Moreover, for Freud homosexuality

is not one thing, but as we will see later in his theory of the Oedipus complex, homosexuality is one possible outcome.

Stites, on the other hand, who used the same material as Freud in order to evidence his conclusion on Da Vinci's homosexuality, disagrees with Freud to suggest that Da Vinci must have been involved with both men and women. He supports his claim by stating that '*Leonardo had a one recorded love affair, as well as the obvious fact that Leonardo painted, besides his "beloved Goddess Cecelia," three portraits of other women whom he could have loved.*' (Stites, 1948, p. 262) By considering Stites' claim it might be argued that Da Vinci assumingly expressed both aspects of sexuality, homosexuality and heterosexuality, meaning that he desired his own sex, as well as the opposite sex. Nonetheless, it was not only Freud's doubt of Da Vinci's sexual involvement with women that made him conclude that he was homosexual, but also other factors, which played an important part providing evidence to Freud's claim.

One of these facts was the accusation made against Da Vinci of having a forbidden homosexual relationship with a young Jacopo Saltarelli (Freud, 1910, pp. 16 -17). As a result of this accusation Da Vinci was prosecuted and had to go to court for a hearing, but in the end, was cleared of the allegation and was found "not guilty". Stites (1948, p. 263) said that the court ruling of Da Vinci's verdict was the right decision, but not because he was not convinced of Da Vinci's homosexuality, but instead of the obvious fact that '[...] *Saltarelli, who made the accusation, was characterized as a "veste nero" – that is "black shirt"*'. If one was familiar with the political scene at the time, they would have known that Saltarelli belonged to a group of people who purposely brought people into court and justified their action by claiming that these people are conspirators, belonging to another political group called "Neri".

Another point used by Freud in order to evidence Da Vinci's homosexuality was the fact that Da Vinci surrounded himself with young handsome boys and took them as pupils, just like his master Verrocchio did. He looked after his pupils in a kind and considerate way and nursed them when they were ill; similarly as a mother would care for her child or as his own mother had cared for him (ibid.). The discovery of Da Vinci's nurturing behaviour towards his pupils is explained

through one of Freud's theories he had made in 1905 in his three essays. In those he suggests that some homosexuals show signs of feminine characteristics, i.e. as usually observed in women. He supports his claim by stating *'that the future homosexual child is so over-attracted to his mother that he identifies with her and narcissistically seeks love objects like himself so he can love them like his mother loved him.'* (Freud, 1905, p.55) Freud furthermore states

'what excited a man's love was not the masculine character of a boy, but his physical resemblance to a woman as well as his feminine mental qualities – his shyness, his modesty and his need for instruction and assistance.' (Ibid., p. 56)

Freud seems to suggest that the homosexual man is engaged in a heterosexual relationship with another man on a psychic level. Two different interpretations of Freud's statement can be made: firstly, the homosexual is a mother loving a boy, suggesting being a woman; secondly, the homosexual male love object is for him, in his unconscious phantasy, a woman, suggesting the other boy being a woman. Clearly, for Freud all homosexuals in their unconscious phantasy have re-constructed a heterosexual relationship.

Da Vinci's nurturing behaviour towards the young handsome boys he surrounded himself with, which has nothing to do with the unconscious or phantasies, will become an important argument for reparative therapy, as we will see later on.

Yet, the most fundamental evidence Freud put forward was his controversial analysis of the "vulture phantasy". Freud made much of the story of the vulture, but the more accurate translation, as Jones tells us in 1955, is "kite". The memory Da Vinci gained when he was a child and which was used by Freud to evidence Da Vinci's sexuality was that

'it seems that it had been destined before that I should occupy myself so thoroughly with the vulture, for it comes to my mind as a very early memory, when I was still in the curdle, a vulture came down to me, opened my mouth with his tail and struck me many times with his tail against my lips.' (Freud, 1910, pp. 33-34)

Throughout the paper Freud repeats – thus emphasises, that the vulture was an ancient Egyptian mother-goddess symbol, which is impregnated by the wind and brings up their children without a father (Ibid., pp. 41-42). This suggests that, in

Freud's interpretation, the vulture evidences a close relationship between Da Vinci and his mother. It could be argued that for Freud, Da Vinci's close relationship to his mother was seen as an indication of homosexuality. Five years before, Freud described in the *"Three Essays on the Theory of Sexuality"* (1905) that boys who are brought up only by their mothers may develop homosexuality. Freud explains this theory by saying that *'boys who grow up without a father often become homosexual because they have become so attached to their mothers that later in life they do not want to become unfaithful to her by having other women.'* (Freud, 1905, p.7) However, as pointed out at the beginning of this section, the "vulture" Da Vinci was referring to was in fact a completely different bird, which was a mistranslation by Freud. The accurate translation of the bird is "kite." (Jones, 1955, p. 348) It could be assumed that Freud was aware of his mistranslation, as he did speak in his first lecture in 1910 just a couple of months before he published his paper on Da Vinci, initially about a kite, but later on in the same lecture only of a vulture. If we consider Freud's error in translation, his theory could be used against him by arguing that unlike *"vultures"*, *"kites"* are brought up by their mother and father. Nevertheless, it could be argued that as Freud did not retract this error of translation, he either did not realise the difference or he thought it would help him in evidencing Da Vinci's homosexuality.

Nonetheless, Freud identified that the memory Da Vinci had was a phantasy he actually formed later on in his life, but transferred this into his childhood. According to Freud *'the basic motive force for phantasy formation is an unconscious wish that is blocked from fulfillment, and the phantasy is a disguised expression and partial fulfillment of this unconscious wish.'* (Freud, 1908, p. 160) So it could be argued that for Freud, Da Vinci's phantasy was an unconscious wish to carry out sexual activities of a homosexual nature. Freud's analysis of this memory from a psychoanalytic perspective identified that the phantasy can be interpreted in an erotic direction. In this phantasy the vulture opens Da Vinci's mouth and forcefully stroked his tail onto his lips, which for Freud was a sign of carrying out fellatio (a sexual act where one places his penis into the mouth of another person) (Freud, 1910, p. 38). For Freud *'it resembles the dreams and phantasies of women and passive homosexuals.'* (Ibid.) Stites (1948, p.

250) supports Freud's assumption of Da Vinci being a homosexual and suggests that:

'From the infantile phantasy, which Leonardo recalled while he was still in his cradle, Freud masterfully reconstructed the whole unconscious psychic life of the most inscrutable, the most fascinating personage of the Renaissance. Utilising his psychoanalytic technique Freud collated and sifted all available fragments from Leonardo's life and age, grouped them around Leonardo's vulture phantasy, and then combined all these single facts into one organic unity. The general principle, which he discovered in this manner, then fully explained Leonardo's incomprehensible traits of character.'

Stites nevertheless claims that Freud did not examine all the available data and ignored a great deal of it. He implies that if Freud had used all the information he had, such as the one recorded love affair Da Vinci had with a woman, as well as the three other paintings of females, who he could have loved, Freud most properly would have come to a different conclusion (Ibid., p.264). In fact, when reviewing all the data gathered in this section, it could be concluded that Da Vinci was homosexual. However, not the kind of homosexual Freud suggested, but rather a "*bisexual*". Regardless of analysing Da Vinci as a homosexual or a bisexual it still would not have made a difference in Freud's aim of using Da Vinci's homosexuality as an example of intelligent and talented people, who would also be able to be homosexual, thus challenging the view of seeing homosexuality as degeneracy. By 1935 Freud evidenced his claim further in his famous letter to an American mother by saying that

'many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime and cruelty too.' (Freud, 1935, pp.423-424)

It can be assumed that Freud's observations deemed to be of intelligent people such as Plato, Michelangelo, as well as Leonardo da Vinci, evidently disagrees with considering homosexuality of viewing it as degeneracy. Whilst Freud identified that Da Vinci was not suffering from degeneracy, he however had to acknowledge that he was a neurotic, which Freud had discovered in the same texts in which he had identified his homosexuality.

The Oedipus complex / Kenneth Lewes

Freud's theory of the Oedipus complex is one of the most influential theories of the twentieth century. This theory is a development of his various other topics on sexuality, starting with his three essays on the theory of sexuality in 1905, up until his essay on the dissolution of the Oedipus complex in 1924.

Freud claims that the Oedipus complex occurs between the ages of three and a half to six years, which is also known as the phallic phase. In 1905 Freud postulated knowledge of castration anxiety in boys as well as penis envy in girls, which would help him later explain the development of his theory of the Oedipus complex. During the phallic phase, a child becomes aware of the differences between the sexes. On the one hand, boys and girls realise in this phase that boys have a penis and girls realise their castrated condition of not possessing a penis (Freud, 1905, p. 61). In 1924 Freud explains that during this stage the Oedipus complex emerges, in which boys fear their penis to be taken away from them, as they believe that girls, who do not have a penis, must have been punished for something, resulting in their castration. Girls on the other hand perceive the clitoris just like a penis and only after comparing themselves with the opposite sex, usually with a brother or a play friend, they realise the difference and think that *'she has come off badly and she feels this is a wrong done to her and as a ground for inferiority.'* (Freud, 1924, p.177) Regardless of realising the difference, girls still expect that later on in their life they will acquire a penis. Freud proposes that girls do not experience the fear of losing their penis like in boys and puts this as

'a female child, however, does not understand her lack of a penis as being a sex character; she explains it by assuming that at some earlier date she had possessed an equally large organ and had then lost it by castration...The essential difference thus comes about that the girl accepts castration as an accomplished fact, whereas the boy fears the possibility of its occurrence.' (Ibid.)

Freud suggests that *'girls' Oedipus complex is much simpler than that of the small bearer of the penis; in my experience, it seldom goes beyond the taking of her mother's place and the adopting of a feminine attitude towards her father.'* (Ibid.) Having established how girls and boys experience the Oedipus complex, Freud

acknowledged that girls identify themselves with their mother and turn their affection to their father and later on replace their father with other men, as he does not respond to her wishes. The boy, however, identifies himself as a male with the father and shifts his initial love object from the mother to another woman of his choice. However, the boy fears retaliation by the father because of the sexual feelings he has towards the mother. Due to this fear, the feelings of the boy are mainly repressed (Ibid., p. 172).

Another important aspect in Freud's understanding of sexuality was that he was convinced that everyone has a bisexual disposition, suggesting that everyone has both aspects of sexuality, heterosexuality and homosexuality. Freud claimed that heterosexuality is achieved when the homosexual component is sublimated (Freud, 1923, pp. 141-145). This suggests that homosexuals, as well as heterosexuals, require some component of the other sexuality in order to develop heterosexuality or homosexuality. In fact, Freud suggests that becoming heterosexual or homosexual is dependent on an individual's response to the Oedipus complex.

Freud proposes that heterosexuality is achieved when identifying with the same sex parent, resulting in the development of a heterosexual object-choice. Homosexuality however, was described by Freud as "*the destruction of the Oedipus complex*", which only boys experience. He claims that the destruction of the Oedipus complex is a consequence triggered through a shock of the discovery of the mother not possessing a penis and the threat of castration. Freud furthermore suggests that through the shock of castration, the boy could retreat back to the anal phase, regressing from the Oedipal stage with its true object relations, back into narcissism and thus, suggests a homosexual object choice, an object choice that is in possession of a penis a man (Freud, 1924, p. 173).

Lewes's analysis of the Oedipus complex suggests that '*there are twelve possible resolutions of the Oedipus complex.*' (Lewes, 1988, p. 70) Lewes states that six of these outcomes are homosexual and six are of heterosexual nature. He argues that a homosexual or heterosexual outcome is achieved by choosing himself, his mother or father as objects; if the mother is phallic or castrated; if the boy

identifies with the father or phallic or castrated mother; or if his own sexual views are of passive or active nature.

His discovery of resolving the Oedipus complex in various ways highlights the difficulty in which ways one's sexuality is formed. Unlike other psychoanalysts, such as Rado or Socarides, who believed that heterosexuality was the proper outcome and homosexuality pathological, Lewes agrees with Freud and suggests that one cannot associate normality to a single sexuality (Ibid.). He evidences his claim by stating that

‘the mechanisms of the Oedipus complex are really a series of psychic traumas, and all results of it are neurotic compromise formations...even optimal development is the result of a trauma, so the fact a certain development results from a “stunting” or “blocking” or “inhibition” of another possibility does not distinguish it from other developments. So all results of the Oedipus complex are traumatic, and, for similar reasons, all are “normal”...the Oedipus complex operates by trauma and necessarily results in neurotic conditions.’ (ibid., pp.82, 86)

It could be argued that since heterosexuality, just like homosexuality, is achieved through psychic traumas, the word “normal” cannot be brought in conjunction with heterosexuality, unless both sexualities, heterosexuality as well as homosexuality, are labelled as normal. Lewes clearly was against viewing or labelling homosexuality as pathological and surely has evidenced this through his extensive work on re-evaluating the Oedipus complex.

In his case study of “little Hans” in 1909, Freud was able to observe an erotic bond between the boy and his mother, which is described by Freud as a normal development during the Oedipus complex. Yet, the unusual part in this case study was an extreme love from the mother followed by an overestimation of the penis by the boy (Freud, 1909, pp. 1-147). For Freud “little Hans” has not made the distinction between female and male genitals yet and therefore assumes that the mother must possess the same genitals as him. What follows will be later termed by Freud as the dissolution of the Oedipus complex. Freud describes this as

‘with the emergence from the narcissistic period, the child begins to sense his separateness from the mother and, simultaneously, to apprehend a castration threat, which, he feels, might be a punishment

for his own erotic strivings. When the child discovers that his mother does not in fact have a penis like his own, he is both horrified and disgusted. His loved mother now becomes an object of loathing to him, and he recoils in horror from the thought of the penisless mother is intolerable, since it automatically elicits an overpowering castration anxiety.' (Freud, 1924, pp. 73-79)

This suggests that the boy separates himself from his erotic bond to his mother and chooses a compromise love object similar to that of his mother; a woman with a penis, a boy with a feminine appearance. Thus, this suggests the boy developing homosexuality. It furthermore highlights the instability of one's sexed subjectivity, suggesting that a heterosexual outcome of the Oedipus complex can be disrupted through a strong fear of castration anxiety allowing the boy to make a homosexual object choice by choosing a man as his love object. So, in fact making a heterosexual or homosexual object choice is dependent on how each individual experiences the Oedipus complex and certainly is not something, which is set in stone and experienced by everyone in the same way. Lewes (1988, p. 31) supports a possible homosexual outcome of the Oedipus complex by claiming that

'the homosexual lover is not drawn to his object through preference, but is impelled to it by horror of the mutilated female genitals and the possibility of suffering a similar fate, a force that operates each time a homosexual object choice is made or a heterosexual one repudiated.'

Lewes, however, suggests that making a homosexual object choice driven by anxiety rather than desire or pleasure is by definition seen as pathological (Ibid.). Lewes supports this claim further by implying that

'although identification with the mother, even for a male child, is a necessary stage in psychic development, the kind of identification with her that occurs at the climax of the Oedipus complex and results in remaking the ego according to her sexual character suggests a grave pathology.' (Ibid.)

Lewes wants to highlight that Freud's theory on the Oedipus complex could be expanded, arguing that Freud's version is a simplified account of the Oedipus complex, which has been used by others to evidence their view of homosexuality as pathological. There is an implicit and explicit critique of those of his colleagues who he sees as having deviated from Freud. These analysts will be discussed in the next chapter.

In fact, Freud himself claims that *'this short account of the Oedipus complex is the simplified form. Other schemata are also possible.'* (Freud quoted in Lewes, 1988, p.66) Bearing this simplicity in mind, Lewes claims that according to Freud he came up with *'two possible outcomes: an identification with the mother or an intensification of the primary identification with the father'* (Ibid.), but at the same time states that *'I do not wish to assert that this type is the only possible one.'* (Freud, 1924, p. 178) Lewes on the other hand sets about tracing *'the bewildering scenes of transformation'* (Ibid.), of the Oedipus complex and came to the logical conclusion that, *'from structural considerations alone, there are twelve possible resolutions of the Oedipus complex, in terms of sexual identity and object choice.'* (Ibid., p. 70)

Freud's psychogenesis of homosexuality in the 1930s

For Freud, homosexuality was clearly an outcome of the Oedipus complex and is at odds with those who later come to say that homosexuality should be viewed as pathological. In 1930 Freud signed a statement for the decriminalisation of homosexual acts in Germany and Austria, as he was opposed to homosexuality being criminalised (Freud, 1935, pp. 423-424).

In 1932, "Wortis", a patient who had undergone analysis with Freud, inquired why people should not express both aspects of bisexuality, homosexuality and heterosexuality. Freud responded to that by saying that

'normal people have a certain homosexual component and a very strong heterosexual component. The homosexual component should be sublimated as it now is in society; it is one of the most valuable human assets, and should be put to social uses. One cannot give one's impulses free rein. Your attitude reminds me of a child who just discovered everybody defecates and who then demands that everybody ought to defecate in public; that cannot be.' (Freud, 1933, pp. 99-100)

Freud's work on homosexuality was conducted in a timeframe of over 18 years. During this time he has identified various reasons of the constitution of homosexuality. His focus throughout the years shifted from one aspect to another. Therefore his analysis on homosexuality is difficult to understand.

Drescher, for example, argues that the reason why Freud's work is so difficult to understand is that each theoretical concept addresses a different metapsychological issue (Drescher, 1998, pp. 19-42). His work on homosexuality is also contradictory in itself. By claiming that homosexuality '*...cannot be classified as an illness...*' (Freud, 1935, pp. 423-424), as he had pointed out in the letter to the American mother, he gives homosexuals the impression that he supports them. But then by saying that homosexuality is '*...a certain arrest of sexual development...*' (Ibid.), he indicates some sort of immaturity, which suggests that something must be wrong with it. This clearly is one aspect reparative therapists will seize on to label homosexuality as sick, as also highlighted in chapter two.

For Freud, two important aspects of his analysis on homosexuality were that the psychogenesis of homosexuality was not of pathological nature and that converting one's homosexuality to heterosexuality was not possible. He supports this claim in a letter, which was published after his death, in which he reassured an American mother that her homosexual son was not suffering from an illness (ibid.). Freud's findings on the one hand identified that homosexuality was not an illness, but on the other hand he did believe that homosexuality was an arrest of sexual development (Drescher, 1996, pp. 223-237). He explained that homosexuality is caused by a failure in reaching the final psychosexual stage, which is initiated through a blockade of the energetic force.

He furthermore claimed that helping a person to change their same sex orientation into a heterosexual one was not possible to achieve. However, he stated that

'by asking me if I can help, you mean, I suppose, if I can abolish homosexuality and make normal heterosexuality take its place. The answer is, in a general way, we cannot promise to achieve it. In a certain number of cases we succeed in developing the blighted germs of heterosexual tendencies, which are present in every homosexual; in the majority of cases it is no longer possible. It is a question of the quality and the age of the individual. The result of treatment cannot be predicted.' (Ibid.)

In fact, Freud identified that it was possible to develop heterosexual tendencies. However, this does not imply a possible change to heterosexuality, but instead suggests, that heterosexual tendencies can be developed, as these are present in

every homosexual. It could be argued that Freud is referring to his theory on bisexuality, which suggests that each individual incorporates aspects of homosexuality as well as heterosexuality.

Conclusion

This chapter examined Freud's views of homosexuality. Freud's position of homosexuality was quite clear. His work from 1905 up until the 1930s evidently showed, that for him homosexuality was not degeneracy, neither did he see it as a perversion, but instead considers everything which is not aimed at copulation as perverse.

In 1905 Freud introduces his concept of infantile sexuality and its complexity of making an adequate object-choice. Freud claimed that an individual is able to make a heterosexual or homosexual object-choice. His 1905 essays on the theory of sexuality furthermore discuss his discovery of castration anxiety, which was an essential milestone that helped him to develop his theory of the Oedipus complex in 1924.

In 1910 in Freud's essay on Leonardo Da Vinci he analysed texts written by Da Vinci himself, which helped him consequently in evidencing Da Vinci's homosexuality. Within the texts, Freud highlights four key areas indicating Da Vinci's homosexuality. The first key area discovered by Freud was the uncertainty whether Da Vinci engaged in an intimate relationship with a woman or not, by saying that *'it is doubtful whether Leonardo embraced a woman in love [...].'* (Freud, 1910, p.16) Secondly, Da Vinci had to go to court for a hearing, as he was accused of having been in a forbidden homosexual relationship with Jacopo Saltarelli. However, in the end he was cleared of any allegations and declared not guilty. The third key area suggesting that Da Vinci was homosexual was the fact that he surrounded himself with young handsome boys and cared for them in the same way a mother would care for her children. This discovery fit into Freud's claim about femininity, which he had made five years before in his three essays on the theory of sexuality by suggesting that some homosexuals show signs of feminine characteristics (Freud, 1905, p. 55). Freud's discovery therefore

suggests that on psychic level homosexuals have reconstructed a heterosexual relationship. However, Freud's most important evidence of Da Vinci's homosexuality was his controversial analysis of his theory on the "vulture fantasy", in which Freud interprets Da Vinci's fantasies as engaging in homosexual activities in the form of carrying out fellatio to another man.

Yet, in 1924 Freud's theory of the Oedipus complex gave new insights about the psychogenesis of homosexuality, in which Freud claimed that the origin of homosexuality is dependent on the individual's response to the Oedipus complex. According to Freud, all children experience the Oedipus complex as a normal part of their sexual development. Lewes claimed that Freud gave us two possible outcomes of the Oedipus complex, which are homosexuality or heterosexuality (Lewes, 1988, p. 70). As it became clear, Freud's theory of the Oedipus complex was a development of his discovery of castration anxiety in 1905. Freud suggests that through the discovery of the mother not possessing a penis, as well as the anxiety of castration exceeding the norm, the boy may develop homosexuality as a consequence, which Freud termed as the destruction of the Oedipus complex. Heterosexuality is achieved when identifying with the same sex parent. As pointed out earlier, whilst Freud suggests two possible outcomes of the Oedipus complex, Lewes claims that there are six heterosexual and six homosexual outcomes (Ibid.).

In the 1930s he signed a statement for the decriminalisation of homosexual acts in Germany and Austria. One of Freud's last and important views on homosexuality, before his death in 1939, was the letter he wrote to the American mother who asked for advice for her homosexual son. In this letter the mother asks for a cure for homosexuality, as she is convinced that her son must be suffering from an illness. Freud, however, reassured her by saying that her son is not suffering from an illness and even draws her attention to homosexual's intellectual people such as Da Vinci and Michelangelo. For Freud homosexuality in itself is not an illness. As we have seen earlier, whilst homosexuals are not considered to suffer from an illness, they may, however, suffer from psychic dispositions such as neurosis or psychoses. This was evident in the case of Da Vinci.

Three important facts about Freud had been identified. Firstly, as a psychoanalyst he, throughout his career, demonstrated that he was opposed to the idea of viewing homosexuality as an illness. His theory of the Oedipus complex supported his view that homosexuality, rather than being an illness, is in fact an outcome of the Oedipus complex and dependent on an individual's response to it. Secondly, even though Freud said that homosexuality is but one outcome of the Oedipus complex, just like heterosexuality is, he nevertheless put forward a heteronormative view, which tends to "hetero sexualise" homosexuality. For Freud, in every male homosexual coupling there is a woman. Thirdly, Freud's theories and arguments about homosexuality could be interpreted in a very particular way and can be used by others to fit their purpose.

The following chapter will discuss the views of those who are determined to see homosexuality as pathological and therefore use reparative therapy to cure homosexuality.

CHAPTER TWO: USING REPERATIVE THERAPY TO TREAT HOMOSEXUALITY

Introduction

The second chapter examines three American analysts, Sandor Rado, Irving Bieber and Charles Socarides, who were writing after the time of Freud's death in a very particular social and political context in the 1940s, '50s and '60s. What they have in common is that they all moved in a direction away from Freud or read Freud in a certain way. The main point of these three analysts is that in their opinion homosexuality had to be seen as an illness in need of a cure. To evidence whether a cure of homosexuality was possible they conducted, independently from one another, psychoanalytic treatment with homosexual men. What they hoped to evidence was a change from homosexuality to heterosexuality.

Freud's assessment of viewing homosexuality as an illness concluded that *'Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, and no degradation: it cannot be classified as an illness: we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development [...].'* (Freud, 1935, pp. 423-424) On the one hand Freud argues that homosexuality *'...is nothing to be ashamed of, no vice, and no degradation: it cannot be classified as an illness...'* suggesting that there is nothing wrong with it. On the other hand however, he claims that homosexuality is *'...a certain arrest of sexual development...'*, which could be interpreted that something must have gone wrong; furthermore that some form of immaturity is existent. This is a very good example to illustrate what Rado, Bieber and Socarides would seize on. By saying that homosexuality *'...is a variation of the sexual function...'* (Ibid.), it could be argued that Freud refers to the different outcomes of the Oedipus complex. As we have seen in chapter one, for Freud, homosexuality in men is but one outcome of the Oedipus complex, resulting from castration anxiety just like heterosexuality does. Freud's theories on homosexuality laid the grounds for the discussion on contemporary debate. For Freud, sexuality has its roots in infancy suggesting that different aims and objects will result from the different ways in which people experience and resolve the Oedipus complex or castration complex (Freud, 1905, p.108). So, in fact, Freud's contribution and continuous work on homosexuality identified that homosexuality is neither an illness per se nor a

mental disorder in need for a cure. It could be argued that for Freud, psychoanalysts who try to attempt psychoanalytic treatment on homosexuals are destined to fail, as in his opinion homosexuality is seen as one of the many outcomes of the Oedipus complex. Lewes (1988, p.70) draws our attention to the fact that although Freud only concentrated on two outcomes of the Oedipus complex, that there are twelve outcomes in reality, of which six are of homosexual nature, as described in chapter one.

The aim of these American analysts was to convert homosexuality into heterosexuality through psychoanalysis. In order to evidence whether a change of homosexuality to heterosexuality was possible, these psychoanalytic scholars carried out studies to support their claim. As it will be elaborated, these theories are rooted in a very particular reading of Freud. In summary, Rado was convinced that homosexuality is the result of castration anxiety. Bieber thought that the type of family one lives in would have a bearing on the outcome of sexual development. Socarides, while agreeing with them that homosexuality could be cured by psychoanalysis, he furthermore formed an organisation, which he called NARTH, and developed a model of treatment called reparative therapy. The importance of this chapter is to introduce one to the beginnings of reparative therapy, which has its roots in a very particular interpretation of Freud and in a certain historical context.

This chapter focuses on those American analysts, who base their theories on Freudian concepts. However, they interpreted Freud's theories in a very particular way.

From Freud to Reparation

Freud was opposed to the idea of changing one's sexuality from homosexuality to heterosexuality, but what he did believe in was that it was possible to help one to a conflict free adjustment to their homosexuality, as we have seen from his letter to the American mother described in chapter one.

For Freud homosexuality clearly was an outcome of the Oedipus complex and therefore he was unwilling to conduct psychoanalytic treatment in an attempt to change someone's sexuality. In fact, Freud's view of treatment was that he was entering analysis without having a goal of treatment, which Freud explained as

'situations such as those of the proprietor who orders an architect to build him a villa according to his own tastes and desires, or of the pious donor who gets the artist to paint a picture of saints in the corner of which is to be a portrait of himself worshipping, are fundamentally incompatible with the conditions of psycho-analysis.' (Freud, 1920, p. 150)

But what he did try to do is to diminish the conflict one carries with them. He was, moreover of the opinion that changing ones sexuality was difficult to achieve and considered attempts in doing so unsuccessful. Freud wrote

'to undertake to convert a fully developed homosexual into a heterosexual does not offer much more prospect of success than the reverse, except that for good practical reasons the latter is never attempted. The number of successes achieved by psychoanalytic treatment of the various forms of homosexuality, which incidentally are manifold, is indeed not very striking.' (Ibid., pp.145-172)

Freud also identified that homosexuals, who obtain satisfaction, often do not see a reason to come for analysis (Ibid., p.197). Freud explains this as follows:

'The homosexual is not able to give up the object that provides him with pleasure, and one cannot convince him that if he made the change he would rediscover in the other the pleasure that he has renounced. If he comes to be treated at all, it is mostly through the pressure of external motives, such as the social disadvantages and dangers attaching to his choice of object, and such components of the instinct of self-preservation prove themselves too weak in the struggle against the sexual impulsions. One then soon discovers his secret plan, namely, to obtain from the striking failure of his attempt a feeling of satisfaction that he has done everything possible against his abnormality, to which he can now resign himself with an easy conscience.' (Ibid.)

This suggests that analysands, who come for psychoanalysis to convert their homosexuality to heterosexuality, only enter analysis for two reasons: firstly, analysands feel pressured by society's heteronormative ideology and believe that by changing their homosexuality to heterosexuality they will be accepted as equal; secondly, therapy seems to be a bid to prove to not only themselves, but also others, that after having tried everything, homosexuality is still deeply rooted within them and therefore, they can continue with a clear conscience. Especially as Freud had illustrated six years before that '*...where the libido is concerned man has here again shown himself incapable of giving up satisfaction he had once enjoyed.*' (Freud, 1914)

Yet after Freud's death, the three American analysts I have chosen to discuss claimed that homosexuality is of pathological nature in need of a cure. Rado was one of the first scholars who shared this opinion. In the 1940s, Rado claimed that the only healthy sexuality is that between a man and a woman. Homosexuality, in his opinion, however, was described as a pathological illness based on a fear of women and this moreover suggested that it could be cured through psychoanalysis (Rado, 1940, pp.459-467). Following Rado's lead, Bieber carried out a study in the 1950s and published his results in 1962. He suggested that homosexuality was caused through the type of family in which one lived in, which would have a bearing on the outcome of sexual development. Similar to Rado, he also was convinced of a cure for homosexuality (Bieber, 1962). Socarides, whilst agreeing with Rado and Bieber, also conducted a study to evidence that changing one's homosexuality to heterosexuality was possible (Socarides, 1968). It could be argued that the three American analysts interpreted Freud's letter to the American mother in a certain way. In this letter, when asked whether change of sexuality was possible, Freud claimed that '*...the answer is, in general way, we cannot promise to achieve it.*' (Freud, 1935, pp. 423-424) By saying that '*...we cannot promise to achieve it...*' (Ibid.) it could be argued that these analysts concluded from Freud's statement that converting one's sexuality is not impossible to achieve.

In the era after Freud the theories of Sandor Rado were the ones that laid the grounds for what we know as 'reparative therapy' today.

Sandor Rado

Rado was a distinguished psychoanalyst from Hungary who was a follower of Freud. In 1926, Freud appointed Rado as the editor of the two official international journals of psychoanalysis, "Zeitschrift" and "Imago". In 1931, Rado accepted an invitation to America by Dr. A. A. Brill, an associate of the New York Psychoanalytic Society, to help organise an institute devoted to the teaching of psychoanalysis. Before the Second World War Rado disagreed with Freud's second theory of anxiety (Freud, 1926). He wrote that, '*Freud astonishingly drew no conclusions for the technique of treatment*' (Rado, 1939, p.429) and as such redefined neuroses as '*disorders of the integrative functions of the ego, and called his new technique adaptational psychology.*' (Bergmann, 2004, p. 103) As a result, they parted from one another. Since the Nazis gained strength in the 1940s in Germany, Rado '*felt that an impending war could end psychoanalysis by killing many of its leading practitioners and destroying most or all of the school's papers and manuscripts.*' (Drescher & Merlino, 2007) Therefore, he fled to America.

Freud's theory of bisexuality suggests that every human being has both aspects of sexuality, which is that of homosexuality and heterosexuality. Yet after Freud's death, Rado rejected this notion of bisexuality and justified his disagreement by making the following conclusion:

'there is no such thing as bisexuality in man or any of the higher vertebrates... and that what could be observed clinically of abnormal sexuality represented abnormal conditions of stimulation, the causes for which should be located in childhood anxiety, and not in biological constitution.' (Rado, 1940, p. 463)

This supports Rado's claim of rejecting Freud's notion of bisexuality. If we accept Rado's analysis of homosexuality, it could be argued that a disruption of a heterosexual outcome could be a result caused by childhood anxieties. For Rado, homosexuality was described as a "deficient adaptation". His analysis of homosexuality is as follows:

'The male-female sexual pattern is dictated by anatomy and by means of the institution of marriage, the male-female sexual pattern is culturally ingrained and perpetuated in every individual from earliest childhood...homosexual pairs satisfy their repudiated yet irresistible male-female desire by means of shared illusions and actual

approximations; such is the hold on the individual of a cultural institution based on biological foundations... Why is the so-called homosexual forced to escape from the male-female pair into a homogenous pair? The familiar campaign of deterrence that parents wage to prohibit the sexual activity of the child. The campaign causes the female to view the male organ as a destructive weapon. Therefore the female partners are reassured by the absence in both of them of the male organ. The campaign causes the male to see in the mutilated female organ a reminder of inescapable punishment. When...fear and resentment of the opposite organ becomes insurmountable, the individual may escape into homosexuality. The male patterns are reassured by the presence in both of them of the male organ. Homosexuality is a deficient adaptation evolved by the organism in response to its own emergency overreaction and dyscontrol.' (Rado, 1969, pp. 212 – 213)

Rado's argument intends that homosexuality is an outcome of the Oedipus complex and by saying that the parents prohibit sexual activities in childhood, it suggests a certain interpretation of the Oedipus complex. However, there appears to be this question of deficiency, which is an escape of castration and clearly a response to the Oedipus complex. But rather than just being one outcome, he considers it as the bad outcome. For Rado, societal factors, such as marriage between male and female, pairing, as well as cultural expectations, play an important role in his analysis of homosexuality. He seems to suggest that homosexuals unconsciously desire to engage in a male-female relationship, but yet choose to engage with a person of the same sex. One might interpret that when Rado speaks of '*...homosexual pairs satisfying their repudiated yet irresistible male-female desire by means of shared illusions and actual approximations...*' (Ibid.), he is in reality referring to Freud's assumption that on a psychic level in order to love a man one needs to be a woman psychologically (Freud, 1905, pp. 55-56). This suggests that homosexuals might tend to see their partner as the opposite sex, as to re-establish their heteronormative views. By 1920, Freud supported this theory further by saying that '*a man in whose character feminine attributes evidently predominate, who may, indeed, behave in love as a woman, might be expected, from this feminine attitude, to choose a man for his love-object[...].*' (Freud, 1920, p. 147)

This indicates that Rado's understanding of homosexuals suggests that men who love other men choose other men as their love object because of their feminine

characteristics and thus seek other men who have masculine mental qualities. This simultaneously suggests that in the mind of homosexuals they have reinstated the societal expectation of male-female pairing. Rado furthermore agrees with Freud that homosexuality is an outcome of the Oedipus complex triggered by a strong fear of castration anxiety. Rado claims that homosexuality, which is caused through the threat of castration must be regarded as a pathological condition and thus needs to be treated as such (Rado, 1969, p.215). He suggests, moreover, that homosexuality is a result of the type of the family one lives in, which would direct the outcome of sexual development. He supports his claim by stating that *'anti-sex views expressed by parents could lead their daughters to fear the penis as a "destructive weapon" and their sons to fear the vagina as a symbol of castration.'* (Rado, 1940, p. 463) We could read Rado as meaning that parents who witness their children masturbating threaten their children with castration and thus allow homosexuality to be considered by their child.

The problem with Rado's concept about the type of family one lives in, is that he is talking about the actual presence of the father and mother, rather than the identification with one of the parents, which happens at an unconscious level. His interpretation of the Oedipus complex gives us a sociological explanation that suggests a guide for child rearing. His child-rearing guidance implies a prevention of homosexuality, which is achieved by the actual presence of both parents, who equally contribute to their child's upbringing. It could be assumed that the father's presence diminishes an overly close relationship to the mother, suggesting heterosexuality as an outcome of the Oedipus complex. However, it also reduces psychoanalysis to guidance for parents.

Irving Bieber

Bieber was an American analyst who was writing during a time of debates and uncertainties of the post war period. Drescher points out that Bieber was writing during the post war years when matters of gender and sexuality were in domain of medicine and science. Drescher, also reminds us that

‘in addition to the widely documented Cold War persecution of homosexuals the 1950s witnessed, in various domains of professional expertise, an effort to stigmatise people with unconventional gender and sexual expression.’ (Drescher & Merlino, 2007)

Irving Bieber agrees with Rado that homosexuality is a result of the family dynamics. Evidence of this can be found in his study, which was conducted in 1962. The study suggests that *‘in not one homosexual case could the father’s attitude be described as affectionate or even reasonably constructive.’* (Bieber, 1976, p. 163) The study also reported that *‘male homosexuality would not evolve given a loving, constructively related father despite a neurotic mother-son relationship.’* (Ibid.) This suggests that, according to Bieber, the outcome of bad parenting is the reason for their son’s homosexuality. The aim of the study, however, was not only to identify why someone becomes homosexual, but more importantly to convert homosexuality to heterosexuality by repairing *‘the degree of pathology of the father- son relationship.’* (Ibid.) But Bieber proposed that the most promising results could be achieved in those people who seek the change (Bieber, 1988, pp. 3-18). He undertook a research project in which he analysed 100 heterosexual men and 106 homosexual men to examine whether the constellation of the family was the reason for homosexuality and more importantly to evidence that changing one’s sexuality to heterosexuality was possible to achieve. The study was described and concluded by saying that

‘we have selected the patient-mother-father unit for analysis.... We believe that personality for the most part is forged within the triangular system of the nuclear family. It follows then that personality maladaptation must also be primarily rooted here.... We assume that heterosexuality is the biologic norm and that unless interfered with all individuals are heterosexual.... We consider homosexuality to be a pathologic biosocial, psychosexual adaptation consequent to pervasive fears surrounding the expression of heterosexual impulses. In our view, every homosexual is, in reality, a latent heterosexual.’ (Bieber et al, 1962, pp.140-141, pp.220 & 319)

Bieber is consistent with Rado who gave us a sociological explanation, which suggests that heterosexuality and homosexuality are a result of the type of family one lives in, rather than considering the notion of unconscious phantasy, as Freud had suggested. For Freud, children who have lost one of their parents, can develop homosexuality as the '*...remaining parent absorbs the whole of the child's love, which determines the sex of the person who is later to be chosen as a sexual object[...].*' (Freud, 1905, p. 96) Thus, according to Freud, a boy who had an absent father and who had been brought up by the mother only is '*so over-attracted to his mother that he identifies with her and narcissistically seeks love objects like himself so he can love them like his mother loved him.*' (Ibid., p.55) In 1924, Freud developed his theory further to suggest that homosexuality is an outcome of the Oedipus complex, in which the boy fails to identify himself with the same sex parent (Freud, 1924, p. 172). Bieber points out that for him '*...every homosexual is, in reality, a latent heterosexual.*' (Bieber et al, 1962, p. 319) For Freud, on the contrary, it was the other way round, suggesting that every heterosexual is in reality a latent homosexual. As mentioned in the quote, Bieber links biology to psychoanalysis. Freud, however, argued that the whole point of psychoanalysis was to have an explanation that was not connected to biology whatsoever. He supports his claim in a letter from 1935 that Juliet Mitchell had discovered by saying that

'I object to all of you (Horney, Jones, Rado, etc.,) to the extent that you do not distinguish more clearly and cleanly between what is psychic and what is biological, that you try to establish a neat parallelism between the two and that you, motivated by such intent, unthinkingly construe psychic facts which are unprovable and that you, in the process of doing so, must declare as reactive or regressive much that without doubt is primary. Of course, these reproaches must remain obscure. In addition, I would only like to emphasize that we must keep psychoanalysis separate from biology just as we have kept it separate from anatomy and physiology.' (Mitchell and Rose, 1983, p.3)

Thus for Freud, psychoanalysis and biology were clearly two separate things. After the completion of psychoanalytic treatment the study brought to light that 29 of the 106 homosexual men changed to being exclusively heterosexual. The results shared by Bieber suggested that a change from homosexuality to heterosexuality was possible (Bieber et al, 1962, p. 276). The study reported

furthermore that in most cases the mother was overly close and overprotective, which was also evident in Freud's theory (1905, p.7). It was also acknowledged by Bieber that homosexuality was present when the father showed no signs of affections towards their son (Bieber, 1962, p. 277). Despite these claims the study omitted the fact that the reason behind the 29 homosexuals' change to heterosexuality could be to gain societal and familial acceptance. Nevertheless, in Bieber's opinion his analysis and conversion of those 29 homosexual to heterosexuality helped him evidence the possibility that homosexuality can be 'cured'. However, converting this into percentage his success rate lies at 28 percent, whereas his failure rate lies at 72 percent. Thus, it is indisputable that this cannot be considered as a success.

Socarides

Socarides was writing in the period after World War II, in which homosexuality was more visible. Duberman (1997, p.249) agrees with this statement by stating that *'the existence of a homosexual social world'* became prevalent after World War II. Dagmar Herzog (2016, pp. 7-37), publisher of the book *'Cold War Freud'*, agrees with Duberman's acknowledgment of homosexuality being more visible in the post war era. Furthermore, Duberman (Ibid., p. 251) states that one way of dealing with homosexuality was by seeing it as sick. This view confirmed for psychoanalysts, such as Socarides, their opinion that homosexuality is an illness.

Socarides was convinced that homosexuality was an illness in need of a cure. Unlike Freud, he was certain that, with the help of psychoanalytic treatment, homosexuality could be converted into heterosexuality. Freud's position on converting ones sexuality at this point was quite clear, he was not in favour of treating it as an illness. Freud's opinion on homosexuality, as pointed out in chapter one and two, was that homosexuality is one outcome of the Oedipus complex and thus cannot be regarded as a pathological condition. Socarides, however, claims that homosexuality is a perverse act in which

'the libidinal instinct has undergone excessive transformation and disguise in order to be gratified in the perverse act. The perverted action, like the neurotic symptom, results from the conflict between

the ego and the id and represents a compromise formation which at the same time must be acceptable to the demands of the superego... the instinctual gratification takes place in disguised form while its real content remains unconscious.' (Socarides, 1968, pp. 35-36)

Socarides' analysis of homosexuality has concluded that if there is a conflict between the ego and the id, two possible outcomes can arise. The first outcome he suggests is a neurotic symptom, whereas the second outcome is described as a perverted action, which is a '*... result from the conflict between the ego and the id [...]*.' (Ibid.) He clearly introduces the notion of perversion when talking about homosexuality. Freud most probably would have put this as making many compromises during the Oedipus complex, until making an acceptable object-choice.

In Socarides' understanding, homosexuality is defined as a struggle within intrapsychic forces. It seems to suggest that homosexuality could be seen as a condition that requires treatment. The reason to believe in treating homosexuality as an illness comes from Socarides' assumption that a continuous conflict arises in a homosexual, until the homosexual adopts the appropriate human sexual pattern – heterosexuality (Socarides, 1974, pp. 506-520). Socarides furthermore believed that the outcome of bad parenting is the reason for one's homosexuality by saying that '*...it's not in your genes, something happens in relationship to the mother and father causing a child in becoming homosexual*' (Socarides, 1968, p.38), especially if the child has been brought up in an environment dominated by the mother, rather than the father. Socarides argues that '*the family of the homosexual is usually a female-dominated environment wherein the father was absent, weak, detached or sadistic.*' (Ibid.) His ideas have their roots in Freud's 1905 text, which suggests that

'in the early loss of the father, whether by death, divorce or separation, with the result that the remaining parent absorbs the whole of the child's love, determines the sex of the person who is later to be chosen as a sexual object, and may thus open the way to permanent inversion.' (Freud, 1905, p.96)

This indicates that Socarides agreed with Freud's theory of the Oedipus complex. The theory suggests that homosexuality is an outcome of the Oedipus complex, in which the boy fails to identify himself with the same sex parent (Freud, 1924,

p. 172). Socarides claims that 35 per cent of his patients have changed from homosexuality to heterosexuality and are now in a heterosexual relationship (Socarides, 1995, p.102). It could be argued that Socarides' analysis of homosexuality, which indicated a change from homosexuality to heterosexuality, supports his assumption of homosexuality being a pathological condition. However, comparing this with Bieber's study, it is evident that 35 percent is also not a good outcome.

In addition, Socarides' son Richard, who was homosexual, disclosed himself to his father at one point. When asked by a reporter whether his own parenting caused his son's homosexuality, he replied by staying consistent with his child rearing theory, which suggests that the constellation of the family was the reason for his son's homosexuality (Socarides, 1995).

Socarides' crusade

In 1973 the American Psychiatric Association (APA) decided to remove homosexuality as an illness from their statistical manual. According to Drescher & Merlino (2007) this was the result of gay activism and a campaign to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorder (DSM). This resulted in the APA considering the question of whether homosexuality should remain a psychiatric diagnosis or not. After discussing the characteristics of a mental disorder, it had been concluded that homosexuality does not fit into the criteria of a mental disorder and was therefore removed from the DSM (Spritzer, 1981, pp. 210-215).

For Socarides the decision of the APA's trustees was '*the medical hoax of the century.*' (Socarides, 1992, p. 307) The fact that he did not agree with the APA's decision of declassifying homosexuality as an illness led him to campaign for a referendum. His aim for the referendum was that he wanted the reversal of the vote. While the APA did not concede to Socarides' demands, there was a sustained campaign to classify homosexuality as a pathological disorder.

According to Drescher (1995, pp. 227-241), Socarides took up the place of the defender of gay and lesbian rights, claiming that homosexuals are entitled to their civil rights but also entitled to treatment by saying that

‘the homosexual must be granted freedom from persecutory laws as well as full civil rights-and this constitutes an integral part of our approach to homosexual individuals...while we ask for civil rights, we also ask for the legitimate psychiatric rights of homosexuals to seek help for what they correctly feel is a disorder.’ (Socarides, 1994, p.4)

Socarides used the discourse of civil rights and entitlement in order to support his claim for treatment. In 1992, Socarides supported Colorado’s 2nd antigay amendment, which won by 53 per cent. According to Wagner (1993, p. 523) the state’s decision to agree with such antigay amendments came from a fear of seeing the traditional family values at risk. The amendment prohibited

‘the state of Colorado and any of its political subdivisions from adopting or enforcing any law or policy which provides that homosexual, lesbian, or bisexual orientation, conduct, or relationships constitutes or entitles a person to claim any minority or protected status, quota preferences, or discrimination.’ (Drescher, 2002, p. 19)

It could be argued that the reason why Socarides supported the amendment was not that he was convinced to see homosexuality as a criminal offence, but instead believed it to be a severe mental health disorder in need of a cure. Allowing it to be seen as normal meant disputing his view.

In the early 90s, Socarides publicly shared his opinion and suggested that homosexuality needs to be looked at as an unacceptable form of social expression. According to Drescher (2002) this was described as the ‘culture wars’, in which homosexuality was more and more talked about as an illness. A political message arose from this, stating that ‘*heterosexuality is the only normal expression of human sexuality and accepting homosexuality is harmful to society.*’ (Socarides, 1994, p. 4) In 1995 and 1998 anti gay groups, as well as Socarides, attempted to enforce sodomy laws in order to criminalise homosexuality in Tennessee and Louisiana. Their reasoning was that sexual intercourse between two men or two women do not follow the aim of reproduction and therefore should be seen as illegal. Fortunately for gays and lesbians, the enforcement of these laws was rejected. Even though Socarides had the opinion that

homosexuality is an illness, he still fought for the criminalisation of homosexuality. He furthermore stated that *'we believe harm would be done if our laws were to affirm homosexuality as indistinguishable from heterosexuality.'* (Socarides, 1995, p. 165) As the Supreme Court dismissed the amendment of criminalising homosexuality, homosexuals in America were able to publicly be with a person of the same sex without any fear of criminal actions taken against them. In 1991, the APA released a statement in favour of homosexuals, demanding the acceptance of gays and lesbians within their institutions (Isay, 1996, p.10). Socarides' intentions in changing one's sexuality might look wrong on first sight, however, his consistent approach towards the issue may prove his sincerity and integrity to a psychoanalytic treatment of what he considered to be a serious disorder of mind and thus, he did everything he could to try and help these suffering individuals. As his approach of curing homosexuality did not find acceptance within the APA, as well as other psychoanalytic institutions, he was forced to leave the APA. As a result, he founded his own organisation, NARTH (National Association for Research and Therapy of Homosexuality), in collaboration with others and, as the acting head, he was thereby free to undertake his own approach towards treating and curing homosexuality (Socarides, 1995, p. 102).

NARTH

NARTH is an organisation, which believes in the treatment and cure of homosexuality. The organisation bases their theories on Socarides' argument that homosexuality is a response caused by the constellation of the family, in which the father was absent or where the child had a strong attachment to the mother (Socarides, 1968, p. 38). On their current website, NARTH states that changing one's sexual orientation is possible through reparative therapy (NARTH, 2018). Reparative therapy was defined by Nicolosi, the co-founder of NARTH, as *'a psychoanalytic interpretation of homosexual behaviour which suggests that the pathological sexualisation was in need of "repairing," thus the term "reparative" therapy.'* (Nicolosi, 2002, p. 690) The organisation was formed after almost every major medical organisation in America, including the APA,

had rejected individuals who believed that homosexuality is a severe condition in need of a cure (NARTH, 1996, pp. 335–337). People who could not agree with the APA formed NARTH. So in fact, NARTH built their organisation in response to the liberalisation in the APA. Religion plays an important part in why NARTH believes that homosexuality needs to be cured. According to Cavendish (2010, p. 721) some of NARTH's members come from a strict religious background, which is dominated by repression of sexuality in general and thus, condemns and denies homosexuality. Cavendish (2010, p. 721) claims that homosexuality is forbidden in the eyes of religious leaders, as it is against their moral views of sexual intercourse, which should only happen with people of the opposite sex. In their opinion sex between men and women is the only acceptable form of a relationship, as in their view only this constellation is able to reproduce. This practice leads to the belief, that homosexuality is seen as a condition in need of a cure and not as variant resolution of the Oedipus complex as Freud (1920, pp.145-172) suggested. In Tiffen's scholarly research into the role of American Christian fundamentalism in the late 20th century, he argues that these religious groups have only turned to reparative therapists, as they were unable to receive scientific support for their point of view on homosexuality (Tiffen, 1994, p. 14). In a statement, published by NARTH in 1996, the organisation outlines that:

‘NARTH is an association founded to study homosexuality. We believe that homosexuality is a treatable disorder. The NARTH officers may opt to deny or remove membership when an individual's written statements or public speeches show a clear antipathy to this position. We do not always choose to exercise this option, but will do so when, in our judgement, a potential member is likely to be disruptive because he or she is blatantly opposed to our goals. Our criterion of discrimination is philosophical; we do not ...discriminate on the basis of sexual orientation. In fact, many of our members are ex-gays or homosexual people in a state of transition towards heterosexuality.’ (NARTH, 1996, pp. 335 - 337)

The above statement clearly identifies that the organisation puts a lot of pressure on their members in order to realise NARTH's ideology. As reported by NARTH members who ‘*...show clear antipathy to their position*’ (Ibid.) will, as a result, be removed as a member from their organisation. Therefore, it could be argued that members are only welcomed and accepted if they follow a clear protocol of rules, and as long as they do not show any doubt or speak out. They

praise themselves for not discriminating individuals on the basis of sexual orientation. Although NARTH proposes that they are an association founded to study homosexuality by conducting research, the organisation only investigates how homosexuality can be effectively cured and, furthermore, only publishes results highlighting their success. For instance, in 2002 NARTH published results of a two-year study into the effectiveness of reparative therapy with this study they claimed to prove that through talking therapy, a sexual conversion from homosexuality to heterosexuality could be achieved. Furthermore they analyse whether reparative therapy was harmful for an individual's health or not. Yet, according to Schroeder (2002, pp. 131-166), the study was heavily biased, as the conducting psychotherapists only published results where they were successful and neglected to demonstrate results where they had failed. This suggests that the organisation tries to protect their worldwide reputation as an organisation that is highly successful in their approach of treating homosexuality, by only publishing 'propaganda' of 'cured' and happy individuals and their excellent work. As NARTH only speaks highly of their reparative therapy, yet nowhere is stated whether the therapy could have a negative impact on an individual's health or not. The APA, however, points out the negative impact reparative therapy could have on a homosexual's health and highlights these by saying that:

'The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behaviour, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing the effects of societal stigmatization discussed.' (APA, 1998)

The APA suggests that NARTH denies the possibility that homosexuals may be happy with the way they are, which might be the result of being influenced by a rigorous and dominant morality, imposed on them by their religious view. The approach used by NARTH does not allow free association to take its place. For Freud, the use of free association is important as it allows analysands to retrieve fragments of repressed memories, which helps an analyst to work '*...hand in*

hand with one portion of the pathologically divided personality, against the other party in the conflict.' (Freud, 1920, p.150) Interfering with the thought of an analysand or directing the outcome of analysis into a certain direction, is considered by Freud to *'...add fresh difficulties to the internal ones already present.'* (Ibid.) NARTH, however, deviates from this approach of using free association by directing the thoughts of their analysands into one specific outcome, "heterosexuality". Freud described this kind of analytic behaviour as *'situations such as those of the proprietor who orders an architect to build him a villa according to his own tastes and desires [...].'* (Ibid.) This therapy is likely to suggest to homosexuals that heterosexuality is the only way to live in order to experience happiness and acceptance. NARTH is maybe seen as a place offering help to homosexuals, who have been convinced they are suffering from an illness, by promising a cure, but, in fact, could cause more harm than good. Drescher (2002, pp. 181-204) claims that NARTH misuses homosexuals' wishes to convert them to heterosexuality. According to Drescher reparative therapists do not seem to have an issue of *'how many gay or lesbian people are hurt in the process of creating a few heterosexuals.'* (Ibid.)

Freud understood that psychoanalytic treatment was not a very promising method of curing homosexuality, nor did he believe it needed to be cured at all. Freud's sceptical view on psychoanalytic treatment of homosexuality was also supported by the fact that Freud never termed homosexuality as an illness or disease. Unfortunately, NARTH does think that homosexuality is an illness or disorder and therefore seeks to treat it as such. Even though, being in the twenty-first century, NARTH sticks to their religious views, dominated by a strict pattern to follow. Their views and stubbornness to follow a certain pattern could be compared to a cult, which never deviates from its beliefs, whatever this might cost or involve.

Conclusion

This chapter examined Freud's psychogenesis on homosexuality, as well as that of Rado, Bieber and Socarides. These American analysts shared the view that homosexuality is a pathological condition in need of a cure. Even though Freud did not consider homosexuality as an illness, others such as the above mentioned analysts had different opinions. The problem with Freudian theories, as highlighted in this chapter, is that they contradict themselves and can be interpreted in a very particular way, to suit ideological purposes. For example to say that homosexuality is a '*...certain arrest of sexual development...*' (Freud, 1935, pp. 423-424) could be understood that some form of immaturity exists. This clearly was used by the American analysts as a gateway to declare homosexuality as an illness and to treat it as such. It furthermore suggests that homosexuality could be treated by converting their homosexuality to heterosexuality. This was not the only occasion when they interpreted Freud in a manner to suit their purpose. However, when Freud was asked whether converting homosexuality to heterosexuality was possible to achieve he argued that '*...in general way, we cannot promise to achieve it*' (Ibid.), which most probably was interpreted, as that converting ones sexuality was possible to achieve.

The American analysts praised themselves to depart from Freudian theories. However, as demonstrated throughout this chapter all three analysts agreed that homosexuality is caused by the constellation of the family, which does follow Freud's theory of the Oedipus complex. Moreover, Rado agrees with Freud's notion of castration anxiety, but unlike Freud who considers it as one outcome of the Oedipus complex, Rado regards it as a bad outcome.

Bieber and Socarides examined homosexuals as well as heterosexuals to identify whether the constellation of the family was the reason for the child's homosexuality. The findings showed that heterosexual analysands have two loving parents who equally take care of their child. Homosexual analysands on the other hand have usually an over indulging mother and an absent father.

Bieber and Socarides furthermore aimed to change their analysands' homosexuality to heterosexuality. Bieber's success rate was 28 percent, whereas

Socarides' was 35 percent. Both of these results cannot be considered as very promising results, as their failure rate is consequently much higher than their success rate.

In 1973 the APA decided to remove homosexuality from their statistical manual. Socarides, however, was one of the psychoanalysts who constantly viewed homosexuality as a mental disorder and who tried to convince the APA's trustees to override their decision of not seeing it as sick and abnormal (Socarides, 1968, pp. 35-36).

Socarides' consistent attempts to revert the APA's decision throughout the years by requesting a referendum to overturn the APA's decision of 1973 and to re-declare homosexuality as an illness failed. He furthermore supported anti-gay groups in Tennessee and Louisiana in 1995 and 1998, who attempted to enforce a sodomy law in regards to homosexuality which eventually failed. In 1992, however, he supported Colorado's second anti-gay amendment, which as a result won. In 1991, the APA requested the acceptance of gays and lesbians within their institutions. Nevertheless, psychoanalysts, such as Socarides, who still considered homosexuality to be of pathological nature, formed an organisation to help those individuals who shared the same beliefs as the organisation itself and subsequently helped those who sought for their homosexuality to be converted into heterosexuality. These psychoanalysts believed in a cure for homosexuality, by undertaking psychoanalytic treatment in the form of reparative therapy. They base their theory on the findings of psychoanalysts such as Rado, Bieber and, of course, Socarides, who had performed psychoanalytic treatment on patients. In some cases, they did become heterosexual or remained homosexual.

Nonetheless, reparative therapy does not follow Freudian psychoanalysis. Reparative therapists enter analysis with a specific aim, which is for their homosexual patients to become heterosexual. But Freud made it clear that psychoanalysis does not have a specific aim, rather it is aimed at addressing unconscious phantasies and conflicts. By 1998 the APA's analysis of reparative therapy came to the conclusion that reparative therapy is dangerous and

furthermore claimed that analysands who undergo reparative therapy will experience anxiety, depression and self-hatred as a result (APA, 1998).

CHAPTER THREE: USING A GAY
AFFIRMATIVE APPROACH TO HELP HOMOSEXUALS
FIND SELF-ACCEPTANCE

Introduction

This chapter draws the attention to Richard Isay's radical view of homosexuality, as well as his self-analysis of his own homosexuality. Furthermore the chapter will discuss and introduce one to gay affirmative therapy.

Isay was a distinguished psychoanalyst who challenged the view of classifying homosexuality as an illness in the 1990s. Using his own experience of homosexuality and his constant conflict with himself, he was able to help and guide other homosexuals to refrain from considering changing their sexuality. Unlike reparative therapists who aimed at converting homosexuality to heterosexuality, Isay evidently aimed for the acceptance of one's own homosexuality. He achieved this by staying true to classical Freudian psychoanalysis, whilst criticising those who were convinced that homosexuality should be treated as an illness. In order to be successful in convincing psychoanalytic scholars that homosexuality is a constitutional characteristic rather than a pathological condition, he had to persuade the APA to drop their discriminating views against homosexuals. In fact, he threatened to open a legal case against the organisation if they sustained their discriminating views. (Isay, 1997) His consistent fight for the rights of homosexuals was so successful that the APA not only advised their members to stop discriminating against homosexuals, but it was also one of the first to suggest that homosexuals should have the possibility to get married. (Drescher, 1998, p. 16) By claiming homosexuality to be constitutional in origin, he clearly deviates from Freud's view that suggests that all children are inherently bisexual and develop homosexuality or heterosexuality as a result of each individual's response to the Oedipus complex.

In his own critical account of his self-analysis, Isay shares that despite having homosexual masturbatory phantasies he was convinced that *'in order to be accepted for training as a psychiatrist or as a psychoanalyst he would have to be heterosexual.'* (Isay, 1997, p. 14) Consequently, he had undergone analysis with the hope of changing his sexuality. The techniques used by his analyst were consistent with those analysts discussed in chapter two, which suggest that the reason for Isay's homosexuality was the result of the constellation of the family

and in order to become heterosexual, one needs to be overwhelmed with maleness. During analysis Isay realised that the reason for staying in analysis was his transference to his analyst and the desire to please him.

Isay's work as a gay affirmative therapist was important as in a way he gave other therapists some sort of guidance on how to behave and act or react throughout analysis. For instance, it was important to him that a therapist should disclose his own homosexuality to his analysands, as it would create a bond of trust between the two of them. However, the disclosure of one's sexuality could deteriorate the idea of the "*blank screen*". The idea of the blank screen will be discussed later on in the chapter. Yet, Isay claimed that hiding one's homosexuality to their patients '*...does further damage to his patients self-esteem [...]*.' (Isay, 1991, pp. 199-216) Isay also emphasises how it is important not to direct one's analysands into a specific direction or outcome of analysis, which protects analytic neutrality and allows the use of free association to take its place.

The last section of this chapter discusses how effective gay affirmative therapy is and which tools should be, and should not be, used during analysis. Moreover, I will identify which analytic approach, when conducting analysis with homosexuals, practices a more Freudian approach, or whether reparative and gay affirmative therapy distance themselves from psychoanalysis in their therapeutic approach.

Isay's self-analysis

'Richard Isay has made a career out of the struggle to make psychoanalysis safe, available, and effective as treatment for gay men... His belief in his patients' inherent worth is palpable and a powerful curative agent.' (Sugermann, 1997, cited in Isay 1997)

Richard Isay was one of the first people who challenged homophobia from within the psychoanalytic community. He did so by deploying his own experience, as well as his patient's experience, as he tried to prove that homosexuality is a constitutional characteristic, rather than pathological. Isay treated patients through psychoanalysis not to convert their homosexuality to heterosexuality, but rather used analysis to help his patients to feel less inhibited or in less conflict about their homosexuality (Isay, 1997, p. 37). In his first book on the subject, *Being Homosexual: Gay Men and Their Development*, he emphasised that he wrote the book in order 'to delineate important aspects of the normal childhood and adolescent development of gay men and to describe a therapy that was not biased by the prevailing perspective that homosexuals were deviants.' (Isay, 1989, p.1) He also remained true to his training in classical psychoanalysis whilst criticising the view of the American psychoanalysts who believed that homosexuality should be viewed as a sexual perversion (Ibid.). In his last book, *Becoming Gay: 'the Journey to Self-Acceptance'*, Isay provides valuable support to gay men. He wrote the book in order to explain his struggle and process of coming out; and hoped, by doing so, for a better understanding for others who may be experiencing or going through the same circumstances as he had done before (Isay, 1997). The reason Isay is talking about his own experience is because he had to overcome his fear of homosexuality and, furthermore, accept his own sexual orientation. Drescher describes Isay's moment of decision-making, although being married and having two sons, by saying that:

'He must have fairly quickly decided where his true loyalties lay [...] actively encouraged [gay men] to accept themselves for what they were. He even began to write about homosexuality as being perfectly normal and neither a sickness, nor evidence of damaged development.' (Drescher, 1998, p.15)

The main aim, however, was to persuade the APA to overcome their fear as well. Although homosexuality had been declassified as a mental illness, and had been removed from the DSM in 1973 as such, many members of the APA stood by their opinion and continued to consider and treat homosexuality as an illness (Drescher, 1995, pp. 227-241). In 1992, however, Isay threatened to open a major legal case against the APA, demanding the cessation of discrimination against homosexual members (Drescher, 1997, pp. 203-216). Yet it never came to that, as the APA gave in and advised their members to not discriminate homosexuals within the APA (Isay, 1997). Drescher believes that, once Isay had admitted to being gay and as a result became renowned in the psychoanalytic world, he changed the psychoanalytic world's view on the subject of homosexuality. In addition, Alanson, the author of *Psychoanalytic Therapy and the Gay Man*, stated that Isay was a 'pioneer' and a very 'brave man.' (Drescher, 1998, p.15) Due to his interventions with the APA and after they started internal policies to educate their members further on the topic, the APA was even one of the first of its kind to suggest that gays could/should/would have the possibility of getting married (Ibid., p.16).

Isay (1997) describes his continuous struggle with homosexuality throughout the years of his own analysis, in which he came to accept his homosexuality. In the book he explains that he had homosexual masturbatory phantasies and was occasionally longing for sexual intercourse with men (Isay, 1997, p. 14). Although admitting to having homosexual masturbatory phantasies, Isay was convinced that '*in order to be accepted for training as a psychiatrist or as a psychoanalyst he would have to be heterosexual.*' (Ibid.) Thus, Isay decided to undergo psychoanalytic treatment to change his sexuality. Ruben Samuels was the psychoanalyst he decided to start analysis with. Samuels was '*encouraged that Isay had not had sex with a man since college and was clearly enthusiastic about his continuing to date women.*' (Ibid., p. 16) He was convinced that sexual attraction to men was caused through the threat of castration, which would be consistent with Freud's view as explained earlier. Freud, as mentioned in chapter one, explains that a too strong fear of losing the penis could lead a boy to identify himself with the mother rather than the father. Thus, he would take the mother's place and love the father the same way the mother does (Freud, 1924, pp. 174-

175). Psychically speaking the boy is the mother and loves the father. This suggests that the boy imagines being a female and loves his father, a male, and thus has reconstructed a heterosexual relationship (Freud, 1920, pp.163 - 169). What Samuels is trying to say is that by acknowledging his childhood fear of Isay's father's rage in regards to his closeness to his mother '*he would become less frightened of the mortal consequences of his heterosexual desires, heterosexuality would flower, and homosexual desire would subside.*' (Isay, 1997, p.18)

Nevertheless, when Samuels went on holiday, clear signs of impotence became persistent in Isay, which were explained by Samuels as a fear of heterosexuality and the repressed anxiety and anger over the death of his father at the beginning of puberty. However, once Isay approached the end of analysis it simultaneously meant the fall of his transference. As a result of the fall of his transference he realised that the reason he was trying to become heterosexual was due to his desire to please his analyst. Therefore, Isay's own interpretation of his impotence was that '*when my analyst went on vacation my heterosexuality did as well.*' (Ibid., p. 19) It can be assumed that the only reasons Isay was in analysis for more than ten years was due to his transference to his analyst and the fact that he was convinced that in order to be accepted for training as a psychiatrist or as a psychoanalyst he had to be heterosexual (Ibid., p. 14).

It took a lot of courage to publicly admit his sexuality and only after speaking to Larry Kramer who was a gay activist and the founder of GMHC (Gay Men's Health Crisis) and ACT UP (AIDS Coalition to Unleash Power), who told him that '*...the reason he was still closeted was that he was afraid he would lose his patients*' (Ibid., p. 30) he decided to open up about his sexuality.¹

As a homosexual, he experienced and realised what other homosexual men went through when faced with psychoanalysis. He describes that '*the anti-homosexual bias of psychoanalysis and how the view that homosexuals were perverted and*

¹ ACT UP is an organisation working and positively influencing the lives of people with AIDS. The organisation furthermore helps developing legislations, medical research and treatment and policies to reduce the risk of the disease spreading as well as minimising the danger of infecting oneself with AIDS.

should be cured of their illness contributed to the negative image gay men and lesbians have of themselves.' (Ibid., p.28) Isay supports his claim through his extensive psychoanalytic work with gay men, which continued to reinforce the psychoanalytic community's views in the definition of homosexuality as a mental disorder (Ibid.).

Isay argues that psychoanalysts who are homosexual themselves should disclose their homosexuality to their patients (Ibid., p. 42). He argues that disclosing oneself to patients helps create a bond that suggests that individuals are more likely to open up about their problems. In fact, Isay claims that self-disclosure helps patients to talk about their sexuality and thus accept themselves as homosexuals (Ibid., p. 43). However, it can be argued that self-disclosure clearly goes against the idea of the '*blank screen*'. The definition of '*the blank screen is referred to an analyst who discloses very little of themselves in order for the patient to use this space of their relationship to work on their unconscious without interference from outside*' (Greenberg, 1981, pp.239-257.) which then has an effect on the transference. Arlow (1969, p.28-51) states that '*in other words, as it is often put: the more a patient is presented with realities about the analyst, the harder it is for the patient to acknowledge his or her transference fantasies*'. Freud, for instance, said that '*The transference, which, whether affectionate or hostile, seemed in every case to constitute the greatest threat to the treatment, becomes its best tool.*' (Freud, 1937, p. 373) This seems to have been the case in Isay's analysis.

However, at the same time he realised that not responding honestly to his patients' curiosity about his sexual orientation was interfering with his capacity to be spontaneous and with his ability to be empathetic, he was also putting all his energy and attention into hiding and disguising himself (Isay. 1997, pp. 36-37). He suggested the following: '*The gay analyst or therapist who hides his sexual orientation does further damage to his patient's self-esteem by conveying his own shame, self-depreciation, or fear of disclosure.*' (Isay, 1991, pp. 199-216) Citing Freud (1937, p.373), Isay writes that '*We must not forget that the analytic relationship is based on a love of truth...and that it precludes any kind of shame or deceit.*' If Freud was referring to analysts as well as analysands, it can be

assumed that he would have agreed with Isay in regards to self-disclosure, suggesting that therapists who do not admit their sexuality to their patients are more likely establishing a bond of dishonesty. According to Isay's view, disclosing oneself to their patients is a vital part of therapy in order to achieve a successful outcome.

Even though Freud was not reluctant to self-disclose as evidenced by his own account of clinical practice (Freud, 1914, p. 147), he nevertheless put himself forward as an analyst for whom it was important to have some sort of neutrality towards his patients. He stated that:

‘The analyst gradually develops a non – invasive approach to psychotherapy in which the analyst gives up the attempt to bring a particular moment or problem to light and refuse to decide the fate of the patient or force our own ideas upon him, and with the pride of a Creator to form him in our own image and to see that it is good.’
(Ibid.)

Freud expresses his caution as an analyst over directing the patient's sessions with his own ideas, and instead allowing the patient to resolve their conflict without invasion by the analyst. Simply put, Freud warned against analysts acting as ‘God’ to their patients by determining their course throughout the sessions with no input or free will. However, Freud was not anonymous to his patients as he had many colleagues and friends for his patients. He analysed them in his home. This suggests that many of his patients knew a lot about Freud's history before entering analysis and as such clearly went against the idea of analytic neutrality. Even though Freud's patients knew a lot of Freud, he never disclosed any personal information to his patients. Renik (1995, p.466), for example, claims that anonymity is impossible to achieve, especially in today's society, in which one can go on the Internet and research about their analyst without asking their permission. He furthermore proposes that an analyst who states his opinion should be seen as an encouragement for the patient to explore his or her own opinions. Renik suggests that disclosure should only be attempted when it will be helpful and should be avoided if it is not helpful (Ibid., p. 495). Nevertheless, what Freud meant by maintaining neutrality towards his patients was to not get in the way of the analytic process. He allowed his patients to associate freely with him, as he simultaneously sustained an attitude of

observation and inquiry towards the patient's development (Freud, 1914, p. 149). Furthermore, Freud suggested that in order to be neutral, one needs to *'pledge to utter the contents of one's associations, without censorship. In effect, patients are expected to be honest when complying with neutrality.'* (Freud, 1912, p.112) Moreover, post- Freudian theorists continued to engage in Freud's concept of neutrality. For instances, Schafer (1983, p. 5) describes neutrality as

'the analyst [s] [ability to remain] neutral in relation to every aspect of the material being presented by the analysand [...] In his or her neutrality, the analyst does not crusade for or against the so – called id, superego, or defensive ego. The analyst has no favourites and so is not judgmental. The analyst's position is, as Anna Freud (1936) put it, "equidistant" from the various forces at war with one another.'

Schafer's aspect of neutrality is similar to that of Freud, as both suggest that neutrality can only be achieved if the analyst does not interfere with the patient's thoughts by either leading the analysand into a specific direction or stopping one to associate freely. Failing to employ neutrality in response to every aspect of a patient's material suggests failing to maintain the 'analytic attitude'. In addition, Schafer suggests that:

'In contrast, the analyst who remains neutral is attempting to allow of the conflictual material to be fully represented, interpreted, and worked through. The neutral analyst is also attempting to avoid both the imposition of his or her personal values on the analysand's and the unquestioning acceptance of the analysand's initial value judgments...To achieve neutrality requires a high degree of subordination of the analyst's personality to the analytic task at hand.'
(Schafer, 1983, p.6)

According to Schafer's statement it can be argued that his interpretation of the term neutrality indicates that the analyst should not take sides in the analysand's paradoxical course of action. Moreover, he suggests that the analyst's main focus is dedicated to the analytic task only and that the analyst's personality should be subordinated to that task. Schafer furthermore suggests that the rule of neutrality can be ignored, but only under specific circumstances, which allows the analyst to share his or her feelings, criticism and expectations with their patient's, which he or she was withholding before (Ibid., p.7). While Schafer allows this to be an option for analysts, he nevertheless emphasises that those exceptions are only allowed on those occasions when the patient's behaviour

seriously affects the progress of the analysis or threatens the welfare of the patient himself (Ibid.).

Isay argues that in the majority of cases psychotherapists follow a model of analysis ignoring the rule of neutrality (Isay, 1997, p. 37). Isay explains that these psychotherapists, who ignore the rule of neutrality, are convinced that homosexuality must be changed to heterosexuality. He furthermore claims that psychoanalytic techniques used in efforts to change one's sexuality consists of manipulating the transference by the analyst's discouragement of homosexual behaviour and at the same time encouragement of heterosexual behaviour (Ibid.). Having established Isay's observation of analyst's anti-homosexual mind-set, it is evident that, if the goal of an analyst is changing one's sexual orientation, clear signs of rage, depression, anxiety and confusion arise as a result of it. However, Isay proposes that psychoanalytic treatment can also be beneficial to gay men if analysts are willing to give up their one sided views of good or bad and return to stances of positive regard for their patients, thus suggesting a truly open and exploratory perspective (Ibid.).

Isay's view on 'The Psychogenesis of Homosexuality'

The most significant of Isay's discussions on the psychogenesis of homosexuality was that *'like heterosexuality, homosexuality is constitutional in origin.'* (Isay, 1989, p. 3) This perception of homosexuality being innate clearly disagrees with Freudian theory, which suggests that all children are inherently bisexual, developing a fixed sexual orientation only in adolescence through identification with the parent of the same sex. Isay supported his claim through his own clinical work and the empirical studies conducted by others. Despite Isay's perception of homosexuality being constitutional, others nonetheless challenge this by suggesting that disease and malformation may also be inborn and that, similarly, homosexuality is a defect (Ibid.). According to Newbigin (2013, pp. 276-291) *'Socarides as well as Bieber shared the view that homosexuality was the result of a pathological rejection of an innately heterosexual drive.'* Furthermore, they regarded gay men as abnormal, because they act out sexual impulses that

are, in their opinion, not acceptable socially and therefore suggested a sexual conversion. However, attempting such a conversion may cause a variety of severe symptoms, such as anxiety and depression. Therefore, Isay suggests that the right way of using psychoanalytic techniques for treating homosexuality needs to start with perceiving it the same way as heterosexuality (Isay, 1989, p. 10). However, Isay is not suggesting a conversion from homosexuality to heterosexuality, but rather suggests that psychoanalytic techniques are used in order to help:

‘the gay man’s potential for a well-integrated personality, a personality in which there is reasonable intra psychic harmony, so that he may feel positive about his personal identity as a homosexual and may work and live without significant hindrance from intra psychic conflict.’ (Isay, 1989, p. 10)

Isay also suggests that for a long time homosexuality was seen as a mental health disorder, yet many of his patients were mentally stable professionals who did not show any signs of an inhibition or disadvantage. In this Isay follows Freud.

According to Freud, homosexuality was described as a disadvantage. He nevertheless did not consider homosexuality as ‘sick’ and suggested that ‘[he was] ...of the firm conviction that homosexuals must not be treated as sick people... Homosexual persons are not sick. They also do not belong in a court of law!’ (Freud, 1903, p. 393) Clearly here and as pointed out in chapters one and two, Freud’s view of homosexuality was that it could not be regarded as a sickness.

Despite Isay’s challenge to the dominant discourse in the APA, he still seems to share something of the prevalent view that homosexuals psychically reconstruct a heterosexual relationship with his suggestion that only a woman can love a man and thus to love a man one has to be a woman. As pointed out earlier by Freud, in the mind of homosexuals one has reconstructed female–male pairing by imagining either being psychically a woman or imagining the love object being a woman. For instance, he, on the one hand, argues that gay men cannot be classified as females, yet on the other hand he suggests that gay men cannot be seen as fully men either. He describes the matter as follows:

‘Many have felt different since childhood, having the company of girls more than other boys, being more musical or artistic, more

emotionally expressive, and less interested in competitive sports than their peers and male siblings. These perceived distinctions are real; for many homosexual children, they are expressions of their atypical maleness.' (Isay, 1997, p. 62)

Isay was not the only person who assumed that some gay men show traits of femininity. According to Richard Green, an American psychiatrist who specialised in homosexuality and wrote *Archives of Sexual Behaviour* and *A Parent's Guide to Preventing Homosexuality*: '*Adults who as children had displayed effeminate behaviour, avoided rough-and-tumble aggressive play, and were generally unassertive.*' (Green, 1985, pp. 339- 341) It could be understood that in Isay's, as well as Green's understanding, homosexual boys are not seen as typical boys and in fact show traits usually observed in girls. However, Isay later states that these feminine traits can change during adolescence by saying that homosexuals '*lose many of the feminine qualities they have acquired from identification with their mother in earlier childhood.*' (Isay, 1989, pp. 14-15) This furthermore suggests that gay men can still appear masculine and as fully men, despite their homosexuality.

Gay affirmative Therapy

Homosexuality, as before mentioned, was declassified in the US in 1992. However, many professionals treat people's homosexuality as they still consider homosexuals as sick and abnormal (Davies, 1996, p. 1). These practitioners, who share the opinion of gay's being sick and abnormal, remind us of NARTH's opinion and what they stand for, namely that homosexuals want or need to be cured. Luckily, there are others who think differently, who nevertheless lack the information they need in order to help homosexuals to confront their sexuality and help them accept themselves for who they really are. In 1996, a book called *Pink Therapy: a Guide for Counsellors and Therapists Working with Lesbian, Gay, and Bisexual Clients* was published. This book, as indicated in the title, is a tool, which may be used to help professionals with their analysis. As illustrated in previous chapters, Freud's view on homosexuality was that he was opposed to regarding homosexuality as degeneracy. His analysis of homosexuality in many intelligent people such as Da Vinci or Michelangelo brought to light that while

they were not suffering from degeneracy, they nevertheless were suffering from psychic dispositions such as neurosis or psychoses. This however did not indicate impairment. It showed that while being neurotic or psychotic one could still be of high intellect and simultaneously be homosexual. When it became clear what Freud's position on homosexuality was, it could be assumed that Freud aimed for facilitation of self-acceptance, when it came to analysis, which by the way is the aim for psychoanalysis in general. Contemporary gay affirmative therapists seem to share this aim.

Gay affirmative therapy, also known as gay positive therapy, is model aimed to help homosexuals to find acceptance towards their homosexuality. Gay affirmative therapy was first introduced by Malyon (1982) and later revisited by Davies (1996). Davies (1996, p.25) describes gay affirmative therapy as:

'[...] a type of therapy which values both homosexuality and heterosexuality equally as natural or normal attributes... The gay affirmative therapist affirms a lesbian, gay or bisexual identity as an equally positive human experience and expression to heterosexual identity.'

Malyon (1982, p.69) furthermore states that:

'Gay affirmative psychotherapy is not an independent system of psychotherapy. Rather it represents a special range of psychological knowledge, which challenges the traditional view that homosexual desire and fixed homosexual orientations are pathological. Gay affirmative therapy uses traditional psychotherapeutic methods but proceeds from a non-traditional perspective. This approach regards homophobia, as opposed to homosexuality, as a major pathological variable in the development of certain symptomatic conditions among gay men.'

Davies and Malyon state that homosexuality is constitutional in origin and needs to be viewed as normal; just like heterosexuality is. This view is in concordance with that of Isay who also considered homosexuality as inborn. According to Davies, gay affirmative therapy uses traditional psychotherapeutic methods to help homosexuals integrate their sexuality. Furthermore, Davies claims that analytic neutrality is not possible to achieve, as it will prevent the analytic progress. He supports his claim by stating that *'The accepting attitude in which the therapist's thoughtfulness, caring and regard for the patient are essential for the development of an analytic relationship.'* (Davies, 1996, p.25) This also

suggests that if an analyst is not empathetic towards his patient, clearly analysis will be problematic - thus, implies abandoning of the analysis.

The most important aspect of gay affirmative therapists is the way they perceive homosexuality. It is important that the gay affirmative therapist does not draw a distinction between one's homosexual orientation and heterosexual orientation. The therapist needs to have the ability to show empathy and put aside his or her own fears and prejudices (Ibid., p. 38). According to Davies (Ibid.) they are certain ways in which a therapist can develop greater understanding for homosexuals. One way in achieving this is to socialise with homosexuals. Another way to show understanding would be by participating in homosexual celebrations, such as gay pride, which might be a useful way of showing support and solidarity.

Davies (Ibid., p.39) furthermore claims that heterosexual therapists need to be careful when mentioning their spouse or children, as their patients could interpret this in a negative way, which indirectly reminds them of a therapist's 'safe' heterosexuality. This, however, does not only need to be considered by heterosexual therapists, but also by homosexual therapists, who may work in a non-gay identified setting. Revealing their sexual orientation to their straight patients could also impact the transference and countertransference negatively, which could be experienced by the patient as a seductive move (Ibid.). The majority of patients are curious about their therapists' sexual orientation and seek to know the truth. However, it is essential for the therapist to identify whether the patient is ready to hear the truth at that time. Nonetheless, therapists who refuse to self-disclose their sexuality to their patients risk a development of mistrust towards them and this might impact the therapeutic work negatively. The importance to self-disclose was also emphasised by Davies (Ibid., p.29) who states that *'The client has a right to know, if she so wishes, whether the therapist has experienced the process of coming to terms with a non-heterosexual identity'*. Davies (Ibid.), furthermore, claims that the reason why homosexuals are so curious about their therapist's sexuality is that by withholding such information about one's sexual orientation *'maybe seen as an agreement with societal pressures to keep one's orientation secret.'* While those

commentators and practitioners embrace the notion of 'gay positive', therapists situate themselves in opposition to those, e.g. members of NARTH, who designate homosexuality as a sickness in need of a cure, curiously they would seem to share some similarities. For instance, Nicolosi and Freeman (1997) claim that gay affirmative therapists, as well as reparative therapists agree on what a homosexual man needs and desires - to give himself permission to love other men. However, gay affirmative therapy works within the gay ideology of eroticisation of these relationships and reparative therapy nonetheless wants to redirect these erotic feelings, to love a man like a friend or a brother. It can be assumed that the goal in gay affirmative therapy is to help an individual to come to terms with their sexuality, which then allows their patients to love men without fear. Reparative therapy nevertheless suggests a manipulation of these erotic thoughts/feelings by impeding homosexual thoughts. This is furthermore achieved through forcing a therapist's ideology of heterosexuality on them, which does not allow homosexuality as an outcome. According to Drescher (2017) looking at this from a long-term perspective, fatal consequences such as depression may be arising as a result of it. Even though gay affirmative therapy seems to promise a positive aspect in helping an individual to self acceptance, it nevertheless is clear that, just like reparative therapy, both sets of therapists have fixed ideas on what is right for their analysands or clients (Kirby, 2008). Haldeman (2002, p.12) supports this claim by saying that:

'Individuals who value all aspects of their identity equally, and do not wish or are not ready to choose a conventional gay-affirmative approach for fear that their sexuality might be validated at the expense of competing values or beliefs are sometimes forced by their therapist to self-acceptance as no other option is given to them by their analyst.'

According to this statement it can be argued that in both cases therapists enter analysis with a fixed mind set of what is good or bad for a patient without taking into consideration what a patient really wants. For instance, reparative therapists do not care whether a homosexual seeks analysis for self-acceptance and gay affirmative therapists do not care whether homosexuals seek analysis for change of sexuality. Both sets of therapists seem to differ from one another but evidently share similar practices. It could be concluded that both therapeutic

settings operate in a similar way and moreover, clearly depart from Freudian psychoanalysis.

Conclusion

This chapter had examined Isay's psychogenesis of homosexuality, as well as his self-analysis of his own homosexuality. The chapter also discussed and introduced gay affirmative therapy.

Freud's clinical account of the psychogenesis of homosexuality came to the conclusion that everybody is born with a bisexual disposition, suggesting that everyone incorporates heterosexuality and homosexuality equally. As illustrated in chapter one, homosexuality or heterosexuality is dependent on how an individual responds to the Oedipus complex. Clearly the psychogenesis of homosexuality for Freud was not innate. Isay on the other hand suggests that homosexuality just like heterosexuality is innate. Furthermore, Isay agrees with Freud's notion that on a psychic level homosexuals reconstruct a heterosexual relationship, in which one of the homosexuals is psychically considered as a female loving a male, as in his opinion homosexuals show signs, which are usually observed in woman. He describes these signs of femininity in homosexuals as being '*...more musical or artistic, more emotionally expressive [...].*' (Isay, 1997, p. 62) However, Isay argues that homosexuals can '*lose many of the feminine qualities acquired...*' (Isay, 1989, pp. 14-15) suggesting they can appear masculine as homosexuals. This implies that gay men are labelled as feminine just because they are intimate with other men.

In Isay's self-analysis one was able to see how challenging it was for him to accept his own homosexuality. His fear of not being accepted in society and for psychoanalytic training made him decide to undergo analysis with the aim of converting his sexuality to heterosexuality. Yet, it was evident that Isay's analyst was forcing his heteronormative view onto him, without even considering an alternative option. Isay highlights how powerful analysis can be and how the desire to please one's analyst comes from the transference developed in the analytic process. This shows that when an analyst exposes his own view onto his

analysand, the analysand adopts this view as his own without having considered this before himself. The unconscious fear of not wanting to disappoint one's analyst comes from the transference towards the analyst, which makes this possible. However, the end of the transference as pointed out in Isay's analysis meant the fall of his transference, meaning the desire to be heterosexual also disappeared.

Isay's own experience as a homosexual, as well as an analysand who underwent analysis, was helpful in his own therapeutic work with his patients. He was able to understand the social pressure one was exposed to and how analysis can have a negative effect to one's own self-esteem. With this knowledge in mind he certainly was able to offer gay affirmative therapy that would help those homosexuals who wanted to come to terms with their sexuality. By offering gay affirmative therapy he was consistent with Freud, as Freud himself said in his response to the American mother that *'...what analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency [...].'* (Freud, 1935, pp. 423-424)

Isay was clearly following a more classical Freudian psychoanalytic approach compared to those analysts discussed in chapter two. However, while Freud emphasised the importance of keeping neutrality towards one's patients, Isay on the other hand agrees in general with this, but suggests that it is important to self-disclose one's homosexuality to his analysands. We have to consider that Freud's idea regarding neutrality was developed almost 100 years ago. His theories are being advanced nowadays. It could be assumed that if Freud was alive today, aware of gay affirmative therapy, and knew that not disclosing oneself to his analysand would prevent the analytic process, it could be certain that Freud would not mind this to be revealed. Moreover, as has been demonstrated in this chapter, Freud argued that *'We must not forget that the analytic relationship is based on a love of truth...and that it precludes any kind of shame or deceit.'* (Freud, 1937, p.373) So, clearly Freud would have supported Isay in self-disclosure.

The work of Isay was a milestone for gay affirmative therapy; his work helped Davies (1996) to develop his book that helps gay affirmative therapists today on how to set their analytic setting by helping their patient to self-acceptance. However, just like reparative therapy, gay affirmative therapy operates with a set agenda, meaning that an outcome of analysis has been set before the start of one's analytic session. In this regard I have argued that both therapies deviate from Freud and from his view about psychoanalysis.

The following chapter will be a critical analysis of a case study using reparative therapy and a case study using gay affirmative therapy.

CHAPTER FOUR: A CRITICAL ANALYSIS IN REPARATIVE THERAPY AND GAY AFFIRMATIVE THERAPY

Introduction

This chapter draws the attention to two case studies, which will be analysed and discussed within this chapter. The first case study uses reparative therapy with the aim to convert homosexuality into heterosexuality. The second case study uses gay affirmative therapy, which helps an individual to accept his homosexuality.

The first section of this chapter introduces the techniques of reparative therapy and how it deviates from Freudian psychoanalysis. As demonstrated in this chapter both reparative therapists and gay affirmative therapists enter therapy with a predicted outcome of analysis without taking into consideration what a patient really wants. Analysands who undertake reparative therapy are influenced by their analyst's heteronormative view, which suggests that heterosexuality is the only sexuality that will bring acceptance and happiness to one's life. However, according to Drescher, if an analysands' outcome of analysis is other than that of heterosexuality the analyst holds his analysand accountable for his homosexuality by arguing that he did not put enough effort in during analysis and thus, enhances hate and anger within himself (Drescher, 2017). Furthermore, the use of free association is also ignored. The strong heterosexual commitment of reparative therapists, in which the outcome of the analysis of their homosexual patients is expected to be heterosexuality, will impact on the content of the analytic hour. Some patients will want to please their analyst, while others might delight in displeasing them. This response is of course dependent on the transference. While transference is necessary for the work of psychoanalysis, it does by definition place the analyst in a powerful position.

However, in Freud's opinion it is essential, in order to retrieve unconscious memories through the slip of the tongue one must allow free association to take its place. This is achieved by allowing analysands to talk about whatever comes to their mind, which on the other hand helps an analysand to resolve conflicts they have with themselves. Nonetheless, this was not the only possible way to retrieve unconscious memories. As we will see in the following case study, gay affirmative therapists aim for homosexuals to accept their homosexuality as a normal part of their sexuality.

Reparative therapists agree with one aspect of Freudian psychoanalysis, which suggests that the constellation of the family relations is the reason for one's homosexuality (Freud, 1905, p. 7). According to Nicolosi, an essential part of restoring heterosexuality is achieved by acting as significant male figures, in order to reinstate the father-son relationship. Nicolosi claims that homosexuals '*...suffer from a syndrome of male gender-identity deficit [...].*' (Nicolosi, 1997, p. 211) and thus needs to be repaired by treating analysands with masculinity in the form of male therapists, male friends and male psychotherapy group members. However, the risk of reparative therapy is that reparative therapist's claim that the constellation of the family relations, meaning that the mother-son relationship, as well as the father's absent role during childhood, is the cause for homosexuality, which may result in the feeling of hate and anger towards one's parents.

Reparative therapy, which is underpinned by a heteronormative view, is not allowing analytic neutrality to take its place. From the dream interpretation we can see how reparative therapists fit their theory into the reparative process of fixing one's homosexuality, which suggest that other interpretations of dreams are being ignored.

In the second section of this chapter, in the case study conducted by Isay, his analysand initially aimed for heterosexuality as an outcome of analysis, but changed his desire of heterosexuality to acceptance of his homosexuality during the analytic process. This change of mind is achieved through his transference to his analyst (Isay, 1997, p. 68). The literature would support the view that people would seek out a gay affirmative therapist for many reasons. Similar to Freud and reparative therapists, gay affirmative therapists also find that homosexuality is a result of the constellation of the family relations, in which the child experienced rejection by the father (Ibid., p. 70). Reparative therapists take the patient's account of family life as being a complete statement of fact, rather than imbued with the patient's own take or phantasy. In other words, the family life is taken very literally and suggests that it is very much about the actual presence or absence of the parent rather than what the child has made of it himself. The aim of critically analysing case studies from both sides of therapies is to demonstrate

that the techniques and approaches used during analysis are in fact the same and thus deviate from Freud as well as psychoanalysis.

A critical analysis of Reparative Therapy and Gay Affirmative Therapy

In 1973 when the APA removed homosexuality from the DSM, psychoanalysts agreed that homosexuality should not be viewed as a pathological condition, but as we have seen others, such as Nicolosi and Socarides, still stood by their point of view of seeing it as sick and abnormal. Both, Nicolosi and Socarides, jointly established an organisation called NARTH to offer sexual conversion for those homosexuals who sought to change their sexual orientation to heterosexuality.

Classical Freudian psychoanalysis as we know it consists of an uninvolved analyst who aims to make the unconscious conscious, without directing the thoughts of the analysand. Freud describes psychoanalysis as

‘ideal situation for analysis is when someone who is otherwise his own master is suffering from an inner conflict which he is unable to resolve alone, so that he brings his trouble to the analyst and begs for his help. The physician then works hand in hand with one portion of the pathologically divided personality, against the other party in the conflict. Any situation which differs from this is to greater or lesser degree unfavourable for psychoanalysis and adds fresh difficulties to the internal ones already present.’ (Freud, 1920, p. 150)

Simply put, Freud’s definition of psychoanalysis emphasises how difficult it is for people to resolve their inner conflicts. Those who fail to resolve their conflicts themselves, seek, as a consequence, the help of an analyst. Psychoanalytic techniques such as free association are used throughout analysis. The use of free association allows the analysand to talk of whatever comes into his or her mind. The aim to use this technique is to retrieve fragments of repressed memories, by analysing what has been said, as well as interpreting the slip of the tongue, in which the unconscious comes out. The role of the analyst then consists of using the reclaimed memories to help the analysand to solve the conflict they carry within themselves. According to Drescher, reparative therapists deviate from this approach of using free association by directing the thoughts of their

analysands into one specific outcome - "heterosexuality." (Drescher, 1995, pp. 227-242) Freud described this kind of analytic behaviour as

'situations such as those of the proprietor who orders an architect to build him a villa according to his own tastes and desires, or of the pious donor who gets the artist to paint a picture of saints in the corner of which is to be a portrait of himself worshipping, are fundamentally incompatible with the conditions of psycho-analysis.' (Freud, 1920, p. 150)

In fact, according to Freud, the outcome of psychoanalysis cannot be predicted and often the outcome is contrary to the stated aims of the analysand. According to Drescher reparative therapists enter analysis with a heteronormative view and in a way suggest to their analysands that this is the only acceptable sexuality to society and is the only sexuality that allows one to be happy (Drescher, 1995, pp. 227-242).

Nicolosi claims to follow classical psychoanalysis and evidences his claim by saying that *'like all forms of treatment rooted in psychoanalysis, reparative therapy proceeds from the assumption that some childhood development tasks were not completed.'* (Nicolosi, 1997, p. 211) Yet, on the other hand, Nicolosi claims that reparative therapy deviates from a classical approach and suggests that:

'Reparative therapy does require a more involved therapist – a "benevolent provocateur" who departs from the tradition of uninvolved, opaque analyst to become a salient male presence. The therapist must balance active challenge with warm encouragement to follow the father-son, mentor-pupil model.' (Ibid., p. viii)

He clearly contradicts himself in suggesting that reparative therapy follows psychoanalysis, but at the same time he suggests it does not.

Nicolosi agrees with Socarides' assumption that homosexuality is initiated through the type of family one lives in, in which the father was absent or where the child had a strong attachment to the mother (Socarides, 1968, p. 38). Both Nicolosi and Socarides take the account of their patient's parent as being absent very literally. They give us a sociological explanation, which does sound like guidance for child rearing, rather than giving us a psychoanalytic explanation for

it. Both arguably claim to follow classical psychoanalysis, but what has been forgotten here is Freud's notion of unconscious phantasies.

The aim of reparative therapists is to act as significant male figures to the homosexual analysand in order to re-establish the father-son relationship. This is also supported by Nicolosi who suggests that *'...the majority of homosexual clients suffer from a syndrome of male gender-identity deficit...Reparative therapy requires the active involvement of male therapists, male friends, and male psychotherapy group members.'* (Nicolosi, 1997, p. 211) Reparative therapists are evidently more involved during the analytic process than classical psychoanalysts. Moreover, they enter analysis with their heteronormative view and suggests to their analysand that homosexuality is bad for them and simultaneously promote heterosexuality as the only acceptable form for an *'increased self-esteem and a diminishing of distress, anxiety, and depression.'* (Ibid., p. 214) Yet, a fundamental aspect of this so-called gender-identity deficit is described by Nicolosi as an *'...internal sense of incompleteness of one's own maleness that is the essential foundation for homoerotic attraction.'* (Ibid., p. 211) According to Nicolosi, the main focus of reparative therapy is to re-establish the analysand's masculine gender identity. In order to do this reparative therapist needs to explore one's early relationships with one's parents, which is in common with classical psychoanalysis. Reparative therapists often find that mothers are the root cause of their son's homosexuality; which is due to the fact that *'while a mother has been very loving, she probably failed to reflect his authentic masculine self accurately.'* (Ibid., p. 212) Again, we have a more sociological explanation for homosexuality than a psychoanalytic one. Reparative therapists sociological view of homosexuality is underpinned by a child rearing philosophy rather than Freud's notion of unconscious phantasies. Looking back at the history of reparative therapy, one can see that Nicolosi was greatly influenced by Rado and Bieber. These reparative therapists evidenced, through their clinical work, that the relationship between the mother and the son is the reason for his homosexuality. Although Nicolosi agrees with the theory as that the mother-son relationship is the reason for homosexuality, he furthermore holds the father accountable according to his version of reparative therapy. It could be argued that Nicolosi implies that a father who was uninvolved as well as

emotionally withholding in his son's upbringing '*simply failed to recognise his son as an autonomous individual and a masculine child.*' (Ibid.) So, in fact the boy never had the chance to experience or obtain his masculinity, since the father was absent.

In *Healing Homosexuality: Case Stories of Reparative Therapy*, Nicolosi acknowledges that

'within every branch of the mental health professions, attempts are now being made to label reparative therapy illegal and unethical, on the grounds that it produces no change and actually does the client more harm than good.' (Ibid., p. ix)

Although Nicolosi and his organisation NARTH are of the opinion that homosexuality should be treated and eventually cured, it is evident that renowned therapists, such as Isay, Drescher and Lewes, claim that this kind of therapy is harmful to the analysand. As different branches of health professions even intend to take legal steps against this kind of therapy, it could be argued that it is seen as a threat to the well-being of analysands. Meanwhile, conversion/reparative therapy has been banned in the UK since 2018, as it has been declared unethical. Michelle Roberts, BBC News editor, reported furthermore that '*All major therapy professional bodies as well as the NHS in the UK disagree with it on logical, ethical and moral grounds.*' (Roberts, 2018)

The following section will analyse a case study undertaken by Nicolosi, in which he conducted reparative therapy.

The case study of "Charlie" (Charles) – The search of the masculine self (Reparative Therapy)

According to Nicolosi, his analysand Charles Keenan, who was thirty-two years old, sought treatment in order to find his masculine self. Charles told Nicolosi that he had many homosexual encounters with men and in fact was engaging in a homosexual relationship when entering analysis. Even though he experienced pleasure in his relationship with another man, he nevertheless describes his homosexuality as dissatisfying by saying that '*I want much more in life...I'm not getting a wife, I'm not getting children, and I'm not getting the kind of relationship*

I want to grow old with.' (Ibid., p.65) Charles is a well-educated man who had read many books on homosexuality and on how reparative therapy works. Throughout analysis Charles presented himself as the perfect patient who had an answer to everything Nicolosi asked him. When Nicolosi asked Charles what the cause of his homosexuality was, he responded by claiming that his own analysis of his childhood experiences helped him to identify the cause of his homosexuality. He describes this as follows

'...I had the classic homosexual background. I was raised by a household of women, with a smothering mother, a domineering grandmother, and two older sisters. My father basically decided very early on, "I can't handle this family stuff. I'll be around, I'll pay the bills, but I'm not actually getting involved with anything that goes on in this household".' (Ibid., p. 67)

As pointed out in previous chapters, Freud's analysis of homosexuality came to a similar conclusion, which suggested that boys who have a domineering mother and an absent father might develop homosexuality (Freud, 1905, p.7). However, Nicolosi lays the entire blame of Charles' homosexuality on his parents by saying that

'the hurt you feel inside comes from realising you were not recognized for who you are as an individual, I said. In some ways you were neglected, and in others, overindulged. You parents did not give you a strong sense of who you were. "It is this kind of childhood that has led authors Leanne Payne and Colin Cook to describe the homosexual as an orphan".' (Nicolosi, 1997, p. 74)

It could be argued that Nicolosi's claim against Charles's parents for being the cause of their son's homosexuality may come with some risks, suggesting the development of anger and hatred towards them. Charles admits feeling anger towards his parents. His explanation of Charles' anger is that *'the anger is a defence against the hurt, the injustice...that part of his essential identity was ripped off from him in his early years.'* (Ibid.) We could read Nicolosi as meaning that if Charles was brought up in a household where both parents would have equally contributed towards their son's upbringing, his homosexuality could have been prevented. According to Drescher (2017) *'Nicolosi's approach was to train patients to learn a story line about who did something to them in childhood as a way to feel less bad about themselves, but the story often had no basis in fact.'*

(Ibid.) However, it could be argued that Charles, who was well read in psychoanalysis and reparative therapy, had already, in a way, trained himself in believing that his homosexuality was the fault of his parents. Drescher moreover states that according to reparative therapists, it is the responsibility of the patient to put all the effort into changing their sexuality, failure of converting one's sexuality would mean failure of putting enough effort in during analysis. Drescher puts this as *'If change is going to happen, you the patient are going to make it happen, which leads to patient-blaming when the treatment doesn't work.'* (Ibid.) If we accept Drescher's claim against Nicolosi, it could be argued, as pointed out earlier, that analysis carried out in this way only achieves a lowering of one's self-esteem and self-regard. Judith Glassgold, a distinguished psychologist and chair of the APA's task force on "Appropriate Therapeutic Responses to Sexual Orientation", came to a similar conclusion in 1998 by saying that

'...there is no scientific evidence that conversion therapy works. In fact, it runs the risk of making patients anxious, depressed, and at times suicidal. It provided false hope, which can be devastating. It harmed self-esteem and self-regard.' (APA, 1998)

Another important aspect about Charles's analysis was the dream he had when standing naked in front of his father. When asked by Nicolosi how he might interpret the dream he answered: *"This is me. I want you to look at me!"*. (Nicolosi, 1997, p. 76) Nicolosi implies that the dream has some sort of reparative theme, which he describes as

'...an attempt at self-healing. Your father represents the masculinity never reflected back to you. The masculine affirmation you wish you'd had. You're saying to him, "Look at me! See me for what I am! I'm a man, acknowledge me!'" (Ibid.)

According to Nicolosi the dream is to be interpreted as a confrontation between the father and the son, in which the son holds the father responsible for his homosexuality and furthermore demands acceptance of his masculinity, which was denied to him earlier in his childhood. As pointed out previously, the type of analysis used by Nicolosi consisted of holding parents accountable, which ought to result in a feeling of hate and anger. Yet, looking at Freud's paper on dream analysis, he explains that *'dreams are characterised by wish-fulfilment'* (Freud,

1900, p. 135), it could be argued that the dream might also be interpreted differently in the sense of needing to tell the father of his homosexuality, with the aim of finding acceptance and comfort. Isay (1996, p.8) supports this and claims that

‘it is healthy for an adult to come out in all areas of his life, including to important straight people, in order to provide continuity between his internal, private life and his external, social life. Coming out alleviates the anxiety and depression caused by the sense of inauthenticity that arises from hiding or disguising oneself.’

Thus, according to gay affirmative therapy, disclosing oneself to one's parents helps an individual to find self-acceptance. The aim of gay affirmative therapy is to ease the feeling of anger, anxiety and depression, whereas reparative therapy potentially enhances the feeling of anger and hatred towards one's parents by blaming them for their homosexuality. To return to the discussion of Charles' dream, is there an alternative interpretation? According to Freud, the dream contains forbidden wishes

‘[...] victims of repression. The connection in which such dreams appear during my analyses of neurotics proves beyond a doubt that a memory of the dreamer's earliest childhood lies at the foundation of the dream.’ (Freud, 1900, p. 99)

Therefore an alternative interpretation could be that it expressed his Oedipal desires towards his father.

Freud argued that while the destruction of the Oedipus complex takes place, the boy identifies with the mother instead of the father and thus, puts himself in his mother's place and loves the father the same way she would do. Hence, suggesting a homosexual object-choice (Freud, 1924, p. 173). So, it could be assumed that Charles unconsciously retained those sexual feelings for his father, which nevertheless came to light when dreaming.

Another interpretation of the dream could be that Charles's transference to his therapist was reflected in his dream, indicating his feelings towards Nicolosi. During analysis the analysand projects his feelings of unresolved conflicts with significant childhood figures onto the therapist (Freud, 1912, p. 196). In Charles's case he transferred his feelings for his father onto Nicolosi. This

suggests that the dream could also mean that Charles is standing naked in front of his analyst, wishing for sexual intimacy between the two.

Although Nicolosi's analysis of Charles's dream seems to perfectly fit into the reparative process of fixing his homosexuality, it indicates, however, that Nicolosi did not allow the use of free association to take its place. In chapter three it was argued that when presented with an analysand's thought or dream, the role of the analyst consists of not taking a judgmental approach, as well as leading the analysand into a specific direction or stopping one to associate freely. However, in the case study of Charles's it is evident that Nicolosi directs his analysand to one possible outcome only, which is that of "heterosexuality".

Extending his theory of homosexuality as being the fault of the constellation of the family further, Nicolosi put forward his idea of the lack of masculine strivings, in which he claims that *'sometimes the father has sacrificed the boy to the mother's needs for a pet; he gives the boy up to keep Mother happy. In any case, the use of the boy in this triadic relationship sacrifices his maleness.'* (Nicolosi, 1997, p. 79) This theory seems to suggest that the mother would not accept the boy until he has given up his masculinity. According to Nicolosi, the boy does in fact not give up his masculinity, but in reality *'never had any encouragement to claim it. To remain in the good graces of Mother, he may have even had to deny his desire for maleness. For Mother's love he had to submerge what we call his masculine striving.'* (Ibid.) Nicolosi's analysis of giving up one's masculine strivings questions the motive of the mother why she wants her son to grow up without masculinity. An explanation of the mother's motive could be that *'many mothers want their sons to be good, pure, there for them as Mommy's little pet. The role of the good little boy excludes maleness, since maleness carries with it independence, autonomy, and exercise of personal power.'* (Ibid.) Nicolosi's definition of heterosexuality suggests that in order to become a heterosexual man one needs to embrace characteristics of masculinity. Nicolosi describes these characteristics as *'...independence, autonomy and exercise of personal power.'* (Ibid.) This simultaneously suggests that heterosexual women are described as gentle, refined, fragile and dependent on man, which for him are the same qualities found in homosexual men. This perfectly fits into the criteria of

gender stereotyping. Butler and Trouble (1990) claims that *"our society associates gender and sexuality with biological sex, and assumes that behavioural expectations necessarily align with one of the two binary gender categories to which one is assigned."* It could be argued that boys who express their masculinity are seen as a threat by this gender difference. The reason for the feeling of threat is that mothers want their sons to be like them, "feminine". Although, the theory of giving up or not being encouraged in one's masculinity seems to make sense for Nicolosi, but what it also suggests is a failure of mothering.

The most important point reparative therapists make in order to become heterosexual is to have heterosexual male friendships, which help to repair and contribute to finding one's masculine self. As reported by Nicolosi, *'Charles was making excellent progress in his male friendships. He joined a gym, where he was discovering he could develop male friendships without being overwhelmed by sexual temptation.'* (Nicolosi, 1997, p. 83) At the end of reparative therapy, Charles claims that *'He doesn't crave masculinity any more. Instead, he had claimed it. He no longer overvalued or undervalued the men in his life. Instead, he stands with them as equal.'* (Ibid., p. 86) Does this mean Charles has completely changed his homosexuality to heterosexuality? When analysing a conversation between Nicolosi and Bieber, it could be argued that homosexuality is in the unconscious. The conversation was as follows

"Did the homosexual clients you treated really change internally, or simply gain control of their behaviour?" Quickly, assuredly, he answered, "Of course! Many of my patients became completely heterosexual." I continued, "But there often seem to be some remaining homoerotic thoughts and feelings." With the same instant certainty he said, "Sure there are. There may always be some". (Nicolosi, 1997, p. 223)

According to Bieber, an analysand who claims to have successfully changed his homosexuality to heterosexuality is most likely to remain with some homoerotic thoughts and feelings. It could be argued that analysands who declare to have become heterosexual have in reality not achieved such conversion. The reason for the admission of heterosexuality simply follows a wish to fit into society's heteronormative ideal, as well as the desire to please one's parents, and arguably

in transference to please your analyst. A former supporter and conversion analyst known as Robert Spitzer claims after years of supporting and conducting reparative therapy, that reparative therapy does not work. He suggests that

‘the simple fact is that there is no way to determine if the participants’ accounts of change were valid. I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologise to any gay person who wasted time and energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works [...]’(Spitzer, 2012, p. 757)

In chapter three Richard Isay was the topic of discussion. He was one of the first homosexual gay affirmative analysts who helped his patients to feel less inhibited or in less conflict about their homosexuality. Therefore, the following section will analyse a case study conducted by Richard Isay, using a gay affirmative approach.

The case study of Paul (Gay Affirmative Therapy)

Paul was described, according to Isay, as a nineteen-year-old college junior who sought treatment, as he feared that his physical attraction to other boys could be an indication of homosexuality. Paul mentioned to Isay that he previously went into psychotherapy with another analyst, but left *‘because he was feeling increasingly depressed and hopeless about ever being able to live a happy life.’* (Isay, 1997, p. 67) Even though Paul exclusively had homosexual sexual phantasies and desired men, he nevertheless sought to become heterosexual. Isay claims that the reasons for becoming heterosexual was that

‘he wanted to be straight for his mother, to live a conventional life, to give her the grandchildren that she so often said she wanted. It was she who urged him to go into therapy at age fifteen because of his lack of aggressiveness, which made her believe he might be homosexual.’ (Ibid., p. 68)

It could be argued that Paul’s urge to satisfy his mother’s wish of getting grandchildren, as well as not wanting to disappoint her in expressing his homosexuality, made him decide to change his sexuality. The idea of wanting to please one’s mother is just another way of talking about the Oedipus complex.

Somehow the unconscious and the concept of the Oedipus complex begins to slip away from this period of psychoanalysis.

When describing his childhood experiences, Paul claims that his mother was at first very loving towards him, but then *'at the time of his brother's birth, she turned away from him to the new child [...].'* (Ibid.) However, not only his mother turned away from him, but his father too. So in fact the *'withdrawal of both parents after John's birth and his father's preference for this younger sibling were added humiliations.'* (Ibid., p. 70) It could be argued that Isay interpreted Paul's homosexuality as a result of *'...his intense rivalry with his brother.'* (Ibid.) This idea is consistent with Freudian psychoanalysis and suggests that homosexuality could become prevalent if *'...the mother had praised another boy and set him up as a model. The tendency to a narcissistic object choice was thus stimulated and after a short phase of keen jealousy the rival became a love-object.'* (Freud, 1923, pp. 9-10)

According to Isay, homosexuals who enter analysis with gay affirmative therapists initially aim for a sexual conversion, but change their desire of conversion to self-acceptance during the course of their analysis (Isay, 1997, p. 69). Therefore, the importance of gay affirmative therapy is to deviate the thought of conversion to self-acceptance, but this is also troubling, as this is in the same way as bad as reparative therapy, as classical Freudian psychoanalysis suggests that the outcome of analysis cannot be predicted.

The key factor to achieve such change of mind is attained by the encouragement of one's homosexuality and by the suggestion that expressing one's homosexuality is absolutely fine and that there is nothing wrong with it. Isay claims that the reason for considering the need of conversion comes from

'peer and parental pressure for heterosexual conformity, our society's unwillingness to permit gay youth to develop a system of courtship, and the ease with which two men can get off with each other contribute to the need of some adolescent and adults to express their sexuality covertly.' (Ibid.)

Isay demonstrated in his case study with Paul that encouraging him in expressing his homosexuality *'helped to improve Paul's mood and sense of well-being.'* (Ibid., p. 70) This is the first step to accepting oneself and, in Paul's case,

'It was a first but important step in helping him find more gratification in his sexual encounters, which led after about two years of therapy to his being able to acknowledge to himself that he was gay.' (Ibid.) The idea of the acceptance of one's homosexuality is consistent with Freud, which was already discussed and evidenced in previous chapters, in which an American mother and her homosexual son were the subject of discussion. The mother inquired within a letter whether analysis could achieve a sexual conversion or not. Freud responded by saying that most likely it will not work, but *'what analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency [...].'* (Freud, 1935, pp. 423-424) So, in other words, psychoanalysis can help to come to terms with one's homosexuality.

Dream analysis played a very important part in Isay's analysis of Paul. Isay's task consisted of working through Paul's dreams, so to help him understand that his homosexuality was a result of his childhood experiences. One of the first dreams Paul shared was the dream about his brother, in which he dreamed that his brother *'John was in a serious auto accident [...].'* (Isay, 1997, p. 72) He furthermore told Isay *'How badly he had wanted his father to spent time alone with him. In subsequent hours he returned to the theme of longing for his father, often obscured by his competitiveness with and jealousy of John.'* (Ibid., pp. 72-73) Paul also admitted that he *'was only interested in boys younger than he, those who had a childlike, blond, slight, and slender appearance.'* (Ibid.) It could be argued that Paul's interest in younger boys, as well as his dream about his brother being killed in a car crash, could be explained by his rivalry towards his brother, which then changed to a forbidden wish of loving him. Freud himself claimed that such conclusion is possible, as he himself suggested that *'...the rival became a love-object'* (Freud, 1923, pp. 9-10), in Paul's case, his brother became his love-object.

Paul, who experienced rejection by his father in early childhood, ended up having difficulties *'...with intimate relations...'* (Isay, 1997, p. 70) towards men. These issues stopped Paul expressing his homosexuality. The transference in this work was characterised by Oedipal phantasies transferred from the father to

Isay. After four years of analysis one of the dreams Paul had about Isay was as follows: *'I'm on the couch, lying on my stomach. I have an erection and turn around to look up and talk to you.'* (Ibid., p. 73) Isay did not reveal to Paul that he knew that the dream was about him or that he felt that Paul's dreams became *'more explicitly sexual, as did his wanting me to notice him and to be attracted to him.'* (Ibid.) Neither did he tell him that he was homosexual himself at that point of analysis. The reason for this was that he did not want to interfere with the transference. It also suggests that Isay feared that Paul, who was still unsure about his own homosexuality, was not ready to know that his own analyst was gay, as *'he feared that Paul could develop further erotic feelings for me and for his father.'* (Ibid., p. 74) In chapter three it was argued whether an analyst should reveal his sexuality before entering analysis or not. According to Isay, it was concluded that self-disclosure helps patients to talk about their sexuality and thus accept themselves as homosexuals (Ibid., p. 43), Isay decided in Paul's case that early knowledge of his homosexuality would have prevented the analytic process. Once Paul felt comfortable with his sexuality, Isay revealed to Paul that he was a homosexual too. The knowledge of Isay's homosexuality *'did help to consolidate a view of himself as a worthwhile person who was also homosexual.'* (Ibid.) To say that the knowledge of Isay's homosexuality helped Paul to feel as a *'...worthwhile person...'* (Ibid.) also demonstrates Isay's arrogance. Isay concluded that withholding the knowledge of his homosexuality *'helped him gain access to Paul's early feelings for his father...he was able to re-experience his early fantasies toward his father, which had heretofore been repressed.'* (Ibid.) The process of working through Paul's dreams, as well as interpreting these dreams evidently helped resolve Paul's issues he had with his sexuality. More importantly his self-esteem improved in the sense that he was *'less dependent on peers for acceptance, he cautiously began to let others know that he was gay.'* (Ibid., p. 75) So, it could be argued that each analyst needs to carefully select the right time of revealing their homosexuality to their analysand, in order to gain the most valuable outcome of analysis. When Paul had revealed his sexuality to his parents he *'was surprised to find that his father was particularly accepting of him.'* (Ibid.)

The ultimate goal of gay affirmative therapy

'helps the homosexual adolescent consolidate his sexuality by removing impediments that may have interfered with his acknowledging his sexual orientation; particularly, the negative self-perceptions that have evolved from self-esteem injury due to the empathic failure of their parents or their outright rejection, later peer rejection, and social stigmatisation.' (Ibid.)

After eight years of analysis Paul had ended his treatment. The reason for terminating analysis was that Isay, as well as Paul concluded that he was able to have a loving relationship with a man without fear. At the end of analysis Paul was in a healthy relationship with a man which *'helped him further consolidate his sexuality and integrate it into an increasingly firm and good sense of himself.'* (Ibid.)

Conclusion

This chapter has examined two case studies. The first case study was an example of reparative therapy, which aimed for the conversion from homosexuality to heterosexuality. The second case study used a gay affirmative approach with the aim to help a homosexual to find self-acceptance of his homosexuality.

Gay affirmative and reparative therapies seem to agree that homosexuality is a consequence made by the type of family one lives in. In the first case example, we saw how the analyst blames the father for not being present in the son's upbringing as the reason for homosexuality. In the second case example gay affirmative therapists argue that homosexual object choice is determined unconsciously through the identification with one's parents. A boy who identifies with the mother instead of the father, loves the father the same way the mother would, suggesting a homosexual object choice. On the other hand, a boy who identifies with the father loves the mother the same way the father would, which suggests a heterosexual object choice. This is consistent with Freud's notion of the Oedipus complex.

It would seem that reparative therapists deviate from this Freudian idea of the unconscious identification with one's parents, by holding the parents

accountable for their son's homosexuality. It could be said that if the father had been contributing towards the son's upbringing, the son would not have been so close to his mother and thus would not have acquired his feminine qualities; which resulted in his homosexuality. Fathers are described as neglectful towards their sons, whereas mothers are considered as being too involved and overly involved in their son's upbringing. The American analysts discussed in this paper suggest that if parents want to avoid their sons from becoming homosexual, fathers have a particular part to play when raising their sons. The role of the father involves being present during the son's upbringing and thus the son being able to acquire masculine qualities, which, according to the American analysts, is essential in order to become heterosexual.

Furthermore, the reparative case study shows how inflected it is with Nicolosi's heteronormative view of how men need to conduct themselves. As pointed out within this chapter, heterosexuality for Nicolosi is characterised by masculinity, which earlier on in the paper were described by Nicolosi as '*...independency, autonomy and exercise of personal power.*' (Nicolosi, 1997, p. 79) These are, according to Nicolosi, essential qualities men need to have in order to be/become heterosexual. For him, homosexual men have the same characteristics as found in females. Clearly, Nicolosi's perception of homosexuality and heterosexuality is characterised with a stereotypical view of what it is to be a man. In Nicolosi's view, men need to act masculine in order to be heterosexual; women need to act feminine in order to be heterosexual. It would seem that Nicolosi views homosexuals as feminine and thus ought to repair their masculinity in order to become heterosexual.

Thus, the treatment approach for him is to introduce and overwhelm his analysands with experiences of those he deems to be masculine men. Nicolosi suggests that reparative therapists need to act as significant male figures for their analysands and encourage them to join sport activities with other men and develop friendships with heterosexual men. By following these suggestions, homosexual men should eventually turn out to become heterosexual.

Reparative therapists are aware of the transference during analysis and the

powerful position they are in. In this example it would seem that the transference is used to suggest that heterosexuality can only be achieved by masculine characteristics. However, Nicolosi's approach to develop masculinity could also have a negative impact on his analysands. According to Drescher, Nicolosi is in a way abusing the transference. Drescher argues that, if the analysands' outcome of analysis is not that of heterosexuality after reparative therapy, the analyst will blame his patient for remaining homosexual, which may result in the patient experiencing self-hate and/or depression. Thus, for Nicolosi, all homosexuals have feminine characteristics that they must amend to acquire heterosexuality. Even within the terms of his stereotypical views, in general many homosexual men appear masculine, carry out sport activities and have heterosexual male friends. Comparatively, many heterosexual men appear feminine yet still engage in heterosexual relationships.

Many reparative aspects are underpinned by the analysts' heteronormative views, in which the notion of a particular conceptualisation of masculinity plays an important part. My reading of gay affirmative therapists' clinical case studies seems to demonstrate a great deal of judgement/ insistence on their views about the desirability of their patients object choice.

CONCLUSION

Throughout this research thesis the analysis between psychoanalysis and homosexuality has given me a deeper understanding of how psychoanalysis works. My investigations of the published case studies emphasised that classical psychoanalysis aims for the relief of human suffering. An important aspect about psychoanalysis is that it is in fact an investigation of one's unconscious psychic processes. The methodology used during analysis is that of transference. The role of the analysts consists of working hand in hand with the analysand to interpret the unconscious material without taking on a judgemental approach or guiding the session into specific direction.

The research undertaken within this study has identified that making a homosexual or heterosexual object choice is, according to Freud, dependent on the individual's response through the Oedipus complex. Freud's account of the Oedipus complex highlights that everyone goes through a unique experience before choosing a man or a woman as an object of love. The constellation of the family, meaning the role of the parents during the son's upbringing, is an important factor, which influences the boy in choosing a man or a woman as a love object. In chapter one Freud emphasised that an absent father and an overly close mother suggests homosexuality. This paper has evidenced that Freud's theory of the Oedipus complex is not outdated and is in fact still deeply rooted in psychoanalysis today. All analysts discussed in this thesis evidently used Freud's theory of the Oedipus complex as the foundation of their analysis. In the case of gay affirmative therapy, we have seen a more Freudian use of the Oedipus complex, whereas in the case of reparative therapy Freud's theory of Oedipus complex gives emphasis to a social context, rather than a psychoanalytic context. In chapter two and four it was evident that reparative therapists' interpretation of the Oedipus complex was about the actual absence or presence of the father, which in fact ignored an essential part of psychoanalysis, which is the patient's notion of unconscious phantasy.

An important discovery made throughout this paper is the use of transference in reparative therapy. In chapter four, I have established that Nicolosi misuses the transference throughout analysis. As pointed out previously, reparative therapists feel a strong commitment to heterosexuality and thus expecting a

heterosexual outcome of their homosexual patients. This was also evident in the case study with Nicolosi. Pleasing or displeasing one's analyst usually is the unconscious aim of an analysand, which is dependent of the transference. The transference developed during the analytic sessions puts the analysts into a powerful position. In the case example I have used, it would seem that having a pre-predicted goal of analysis also stops an analysand to associate freely. This also suggests that the analysts might miss important information through the slip of the tongue, whilst the patient is associating freely. In the case study of Nicolosi, he presented himself with a set agenda for the outcome of analysis, which directed his analysand to a heterosexual outcome. Moreover, the parameters of the use of transference were also preset. A common issue in reparative therapy is the unquestionable approach to masculinity, as a treatment approach. As illustrated in the case study of Nicolosi from chapter four, the main focus of analysis in reparative therapy is to re-establish the analysand's masculine gender identity. In order to restore masculinity, one needs to make friends with heterosexual men and join sportive activities. The issue with linking masculinity and heterosexuality together is that rather than giving us a psychoanalytic explanation, we are presented with a sociological explanation, which is instead embedded within a stereotypical view of society. Many men appear feminine and yet still engage in heterosexual relationships. It could be said that femininity in men does not equate to homosexuality. This also suggests that masculinity in men does not automatically imply heterosexuality. Moreover, it would seem that the directive-suggestive approach of the reparative therapists discussed in this paper, clearly manipulate, as well as abuse, the transference. Nevertheless, not only is the preset agenda of reparative therapy an issue throughout analysis, but also the one-sided focus of the patient's conflict. It could be argued that a patient who claims to have successfully changed to heterosexuality, in reality returns back to homosexual activity. The reason for a return to homosexuality is simply the fact that their inner conflict was never fully investigated, thus neither resolved.

My analysis of gay affirmative therapy concludes that just like reparative therapy, gay affirmative therapy works with a set agenda. The pre-predicted outcome in gay affirmative therapy, as evidenced in chapter three and four, was

that of the facilitation of one's self-acceptance towards one's homosexuality. Clearly, gay affirmative therapy deviates from classical psychoanalysis by having a goal of treatment. More importantly, is the fact that reparative therapy was declared as unethical and furthermore banned in the UK in 2018. In chapter two I have highlighted that the APA reported reparative therapy as dangerous, as well as a risk to a homosexuals' well-being. Yet, gay affirmative therapy cannot be considered as an ideal treatment approach to patients, but nevertheless is approved by the APA.

This study concludes that gay affirmative and reparative therapy operate in a similar way. Even though, the analysts discussed in this paper claim to follow Freudian psychoanalysis, they in fact depart from his psychoanalytic school and practices. Freud's conceptualisation of carrying out analysis, as evidenced in this paper was that of offering analysands analysis without having a set agenda, as well as a pre-predicted outcome of analysis. As pointed out in previous chapters, Freud emphasised that psychoanalysis only works when the analysts puts his views and goals of analysis aside and works in the interest of the analysand, by working '*...hand in hand...*' (Freud, 1920, p. 150) with his patients to solve their inner conflicts. Deviating from this approach is '*...unfavourable for psychoanalysis and adds fresh difficulties [...].*' (Ibid.) Freud knew, as early as 1920, how psychoanalysis would achieve the best results in its practice, but evidently was ignored by reparative and gay affirmative therapists.

BIBLIOGRAPHY

- American Psychological Association. (1998). Appropriate therapeutic responses to sexual orientation in the proceedings of the American Psychological Association, Incorporated, for the legislative year 1997. *American Psychologist*, 53(8), pp. 882-939
- Arlow, J. A. (1969). Fantasy, memory, and reality testing. *The Psychoanalytic Quarterly*, 87(1), pp. 28-51
- Bergmann, M. S. (2004). Understanding dissidence and controversy in the history of psychoanalysis. In *Understanding Dissidence and Controversy in the History of Psychoanalysis*, Feb, 2003, New York, NY, US; This book presents proceedings from the aforementioned conference. Other Press, p. 103
- Bieber, I., & Dain, H. J. (1962). *Homosexuality: A psychoanalytical study*. Basic Books, pp. 140 – 141, 220, 276 – 277, 319
- Bieber, I. (1976). A discussion of "Homosexuality: The ethical challenge", p. 163
- Bieber, I. (1988). *Homosexuality: A psychoanalytic study*. Jason Aronson, pp. 3-18
- Butler, J., & Trouble, G. (1990). Feminism and the Subversion of Identity. *Gender trouble*, 3, pp. 1-25
- Cavendish, M. (2010). Sex and society. *Malaysia: Marshall Cavendish Corporation*, p. 721
- Davies, D. (1996). *Pink therapy: A guide for counsellors and therapists working with lesbian, gay, and bisexual clients* (Vol. 1). McGraw-Hill Education (UK) pp. 1, 25
- Da Vinci, L. (1894). Codex atlanticus. *Biblioteca Ambrosiana, Milan*, 26, 1
- Drescher, J. (1995). Anti-homosexual bias in training. *Disorienting sexuality: Psychoanalytic reappraisals of sexual identities*, pp. 227-242
- Drescher, J. (1996). A discussion across sexual orientation and gender boundaries: Reflections of a gay male analyst to a heterosexual female analyst. *Gender and psychoanalysis*, 1(2), pp. 223-237
- Drescher, J. (1997). From preoedipal to postmodern: Changing psychoanalytic attitudes toward homosexuality. *Gender and psychoanalysis*, 2(2), pp. 203-216
- Drescher, J. (1998). Contemporary psychoanalytic psychotherapy with gay men with a commentary on reparative therapy of homosexuality. *Journal of Gay & Lesbian Psychotherapy*, 2(4), pp. 19-42
- Drescher, J. (2002). Sexual conversion ("reparative") therapies: History and update. *Mental health issues in lesbian, gay, bisexual, and transgender communities*, pp. 71-91
- Drescher, J. (2002). Ethical concerns raised when patients seek to change same-sex attractions. *Journal of Gay & Lesbian Psychotherapy*, 5(3-4), pp. 181-204

- Drescher, J., & Merlino, J. P. (2007). *American psychiatry and homosexuality: An oral history*. Routledge
- Drescher, J. (2017). *Joseph Nicolosi, Advocate of Conversion Therapy for Gays, Dies at 70*. [online]Nytimes.com. Available at: <https://www.nytimes.com/2017/03/16/us/joseph-nicolosi-dead-gay-conversion-therapist.html> [Accessed 26 Nov. 2018]
- Duberman, M. (Ed.). (1997). *Queer representations: reading lives, reading cultures: a Center for Lesbian and Gay Studies book*. NYU Press, p. 249
- Freud, S. (1900). *Interpretation of Dreams, The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. IV, London: Hogarth Press, 1953, pp. 99, 135
- Freud, S. (1903). A case of paranoia (dementia paranoides). *Collected papers*, 3, p. 393
- Freud, S. (1905). *Three Essays on the Theory of Sexuality in The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. VII, London: Hogarth Press 1953, pp. 7-138
- Freud, S. (1908). *Civilized sexual morality and modern nervous diseases*. The Standard Edition of the Psychological Works of Sigmund Freud, p. 160
- Freud, S. (1909). Notes Upon a Case of Obsessional Neurosis (Little Hans'). In The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. XI, London: Hogarth Press 1955, pp. 1- 147
- Freud, S. (1910). *Five Lectures on Psychoanalysis, Leonardo da Vinci and Other Works*. In The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. X, Norton & Company 1964, pp. 163-176
- Freud, S. (1910). Leonardo da Vinci and a memory of his childhood. In The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. XII, WW Norton & Compant 1989, pp. 16-38
- Freud, S. (1911). Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (The Schreber Case) in The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. XI, London: Hogarth Press 1957, pp. 224- 225
- Freud, S. (1912). The dynamics of transference. *Classics in psychoanalytic techniques*, pp. 112, 196
- Freud, S. (1914). On narcissism: An Introduction. SE XIV, pp. 88, 147, 149

- Freud, S. (1920). The Psychogenesis of a Case of Homosexuality in a Woman in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XVIII, London: Hogarth Press 1955, pp. 147, 150, 172
- Freud, S. (1923). Certain neurotic mechanisms in jealousy, paranoia and homosexuality. *The International Journal of Psycho-Analysis*, 4, pp. 9-10
- Freud, S. (1923). The Infantile Genital Organisation in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XIX, London: Hogarth Press 1961, pp.141-145
- Freud, S. (1923). Neurosis and psychosis in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX*, London: Hogarth Press 1961, pp. 147 – 154
- Freud, S. (1924). The Dissolution of the Oedipus Complex in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XIX, London: Hogarth Press 1961, pp. 73 – 79, 174 – 175, 177 - 178
- Freud, S. (1933), *Fragments of an Analysis With Freud*. An interview by Wortis. New York, NY: Charter Books, pp. 99-100
- Freud, S. (1935). Anonymous (Letter to an American mother). *The letters of sigmund freud*, pp. 423-424
- Freud, S. (1937). Analysis terminable and interminable. *The International Journal of Psycho-Analysis*, 18, p. 373
- Greenberg, J. R. (1981). Prescription or description: The therapeutic action of psychoanalysis. *Contemporary Psychoanalysis*, 17(2), pp. 239-257
- Green, R. (1985). Gender identity in childhood and later sexual orientation. *American Journal of Psychiatry*, 142, pp. 339-341.
- Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice*, 33(3), p. 12
- Herzog, D. (2016). Desire's politics: Félix Guattari and the renewal of the psychoanalytic left. *Psychoanalysis and History*, 18(1), pp. 7-37
- Isay, R. (1989). *Being homosexual: Gay men and their development*. Vintage, pp. 1-15
- Isay, R. A. (1991). The homosexual analyst: Clinical considerations. *The Psychoanalytic Study of the Child*, 46(1), pp. 199-216
- Isay, R. A. (1996). Psychoanalytic therapy with gay men: Developmental considerations, pp. 8-10
- Isay, R. A. (1997). *Becoming gay: The journey to self-acceptance*. Macmillan, pp. 14-79

- Jones, E. (1955). The life and work of Sigmund Freud. Vol. 2. Years of maturity. 1901-1919, p. 348
- Kirby, A. (2008). *Conversion therapy versus gay-affirmative therapy: Working with ego-dissonant gay clients* (Doctoral dissertation, Auckland University of Technology).
- Krafft-Ebing, R. V. (1886). Psychopathia sexualis (CG Chaddock, Trans.). *Philadelphia: FA Davis*, pp. 21-32, 128
- Laplanche, J., & Pontalis, J. B. (1973). The Language of Psychoanalysis, trans. *Donald Nicholson-Smith (New York, 1973)*, p. 418
- Lewes, K. (1988). Psychoanalysis and male homosexuality. Jason Aronson, pp. 31-88
- Malyon, A. K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. *Journal of homosexuality*, 7(2-3), p. 69
- Mitchell, J., & Rose, J. (1983). Feminine Sexuality: Interview—1982. *m/f*, 8, p. 3
- National Association for Research and Therapy of Homosexuality (1996), Letter to Ralph Roughton, M.D. from Joseph Nicolosi, NARTH Secretary, June 10., pp. 335 – 337
- NARTH | Truth Wins Out. (2018). Retrieved from <https://truthwinsout.org/narth/>
- Newbigin, J. (2013). Psychoanalysis and homosexuality: Keeping the discussion moving. *British Journal of Psychotherapy*, 29(3), pp. 276-291
- Nicolosi, J., & Freemann, L. (1997). Healing homosexuality: Case stories of reparative therapy. Jason Aronson, pp. 74-223
- Nicolosi, J. (2002). A meta-analytic review of treatment of homosexuality. *Psychological Reports*, 90(3_suppl), p. 690
- Nobus, D., & Downing, L. (Eds.). (2006). *Perversion: Psychoanalytic Perspectives/Perspectives on Psychoanalysis*. Karnac Books, p. 9
- Oosterhuis, H. (2012). Sexual modernity in the works of Richard von Krafft-Ebing and Albert Moll. *Medical history*, 56(2), pp. 133-155
- Rado, S. (1939). Developments in the psychoanalytic conception and treatment of the neuroses. *The Psychoanalytic Quarterly*, 8(4), p. 429
- Rado, S. (1940). A critical examination of the concept of bisexuality. *Psychosomatic Medicine*, 2(4), pp. 459-467
- Rado, S. (1969), *Adaptational psychodynamic: Motivation and Control*, New York. NY: Science House, 4, pp. 210 – 216

- Renik, O. (1995). The ideal of the anonymous analyst and the problem of self-disclosure. *The Psychoanalytic Quarterly*, 64(3).
- Roberts, M. (2018, July 03). 'Gay conversion therapy' to be banned as part of LGBT equality plan. Retrieved from <https://www.bbc.co.uk/news/uk-44686374>
- Schafer, R. (1983), *The Analytic Attitude*. New York: Basic Books, pp. 5-6
- Schroeder, M., & Shidlo, A. (2002). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay & Lesbian Psychotherapy*, 5(3-4), pp. 131-166
- Socarides, C. W. (1968). A provisional theory of aetiology in male homosexuality-a case of preoedipal origin. *The International journal of psycho-analysis*, pp. 27, 35-38, 49
- Socarides, C. W. (1974). Some problems encountered in the psychoanalytic treatment of overt male homosexuality. *American journal of psychotherapy*, 33(4), pp. 506-520
- Socarides, C. W. (1992). Sexual politics and scientific logic: The issue of homosexuality. *The Journal of Psychohistory*, 19(3), p. 307.
- Socarides, C. (1994), The erosion of heterosexuality. *The Washington Times*, July 5, p. 4
- Socarides, C. W. (1995). *Homosexuality: A freedom too far*. Phoenix, AZ: Adam Margrave Books, pp. 102, 165
- Spitzer R.L. (1981). The diagnostic status of homosexuality in DSM-III: A reformulation of the issues. *Am. J. Psychiatr*, 138:, pp.210-215
- Spitzer, R. L. (2012). Spitzer reassesses his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior*, 41(4), p. 757
- Stites, R. (1948). A criticism of Freud's Leonardo. *College Art Journal*, 7(4), pp. 250, 262-263
- Sugarman, J. (1997). Book Review.
- Tiffen, L. (1994), *Creationism's Upside-Down Pyramid: How Science Refutes Fundamentalism*. Amherst, NY: Prometheus Books, p.14
- Wagner, R. J. (1993). *Evans v. Romer: Colorado amendment 2 and the search for a fundamental right groups to participate equally in the political process*. Louis ULJ, pp. 38, 523
- Weeks, J. (2000). The challenge of lesbian and gay studies. *Lesbian and gay studies: An introductory, interdisciplinary approach*, p. 166